



PERMITS & INSPECTIONS

City of Inver Grove Heights
8150 Barbara Avenue
Inver Grove Heights, MN 55077
651-450-2550
permits@ighmn.gov

Zoning Permit Application

Site Address: _____

Owners Name: _____

Contact: _____ Email: _____ Phone: _____

Type of Work:

Retaining Wall <4 Feet

Pool Above Ground

Fence

Concrete Flat Work

Description of Work: _____

Setbacks: Front: _____ Back: _____

Right Side: _____ Left Side: _____

Height: _____

Valuation (include labor): _____

Drawing of Site Plan Attached? Yes No

Fees attached: Yes No

I hereby apply for a Zoning Permit and I acknowledge that the information above is complete and accurate; that the work will be in compliance with the ordinances and codes of the City of Inver Grove Heights and with the Minnesota Building and Electrical Codes; that I understand that this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans. The undersigned acknowledges that he/she has read this application and the above information is correct and accurate. Applicant also understands by signing this application that he/she could be held responsible as representative of this project for any violation of compliance with all applicable laws and ordinances of the City of Inver Grove Heights.

BY CHECKING THIS BOX, I HEREBY AGREE TO ALL STATEMENTS HEREIN AND SUBMIT MY SIGNATURE ELECTRONICALLY TO THIS FORM.

Signature of Applicant

Printed Name of Applicant

Date

NOTICE: This is an application only. Permit will be issued after City approval and payment of fees.

For Office Use Only Below This Line

Planning Approval _____
DATE

Occupancy Classification _____

Fire Marshal Approval _____
DATE

Special Conditions _____

Building Approval _____

Is Planning Commission Approval Required? Yes No

If so, Date Approved:

Date Fees Paid: _____

Date Issued: _____

Issued by: _____