



City of Belle Plaine
 218 N. Meridian Street
 P.O. Box 129
 Belle Plaine, MN 56011

Community Development Department
Phone: 952-873-5553
Fax: 952-873-5509
www.belleplainemn.com

Fee: \$50.00

SLAB / PAD/PATIO PERMIT APPLICATION

Slab/Pad/Patio Permit:

SITE	Address:	Belle Plaine, MN	P.I.N:
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Lot Number:	Block Number:	Subdivision:
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OWNER	Name:	Phone:
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Address:	E-Mail:
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CONTRACTOR	<input type="checkbox"/> Homeowner	Name or Company:
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Phone:	Contractor's License:	E-Mail:
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Address:

Slab/Pad/Patio Use:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	Work Class:	<input type="checkbox"/> New	<input type="checkbox"/> Expansion
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Dimension (L x W):

Construction Material:	<input type="checkbox"/> Gravel (only allowed in a side or rear yard)	<input type="checkbox"/> Concrete	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Pavers
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Distance from property lines*:
**Except for pavers, slab/pad/patio must maintain setback greater than 5 feet from property line. Applicants must locate and mark property lines.*

Attach a scaled site plan showing where the slab/pad/patio is to be place along with property lines and other buildings, structures driveways, and pads/slabs/patios on the lot.

Need more info: <https://www.belleplainemn.com/sites/default/files/documents/Zoning%20Permit%20Review%20Process.pdf>

WORK DESCRIPTION: _____

I/We the undersigned, herewith make application for permission to construct a slab/pad/patio at the above location, said slab/pad/patio is to be constructed to conform with regulations and conditions of the City of Belle Plaine and to any special provisions included in the permit.

City Code, Chapter 11, Section 1103.04 appeals, identifies the appeal process if the applicant is not satisfied by the ruling of the administrative officer in regards to this permit. The appeal must be filed within thirty (30) days from the decision with the Zoning Administrator.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

OFFICE USE ONLY

<input type="checkbox"/> Site Plan	Form of Payment:
	Date Issued:
	Transaction #
	Issued By:

<input type="checkbox"/> Approved	COMMENTS:	
<input type="checkbox"/> Denied		
Building Official: _____		Date: _____
Zoning Official: _____		Date: _____