



CITY OF FREEPORT

125 Main Street E – PO Box 301 – Freeport, MN 56331 – 320-836-2112 – FAX 320-836-2116
For TTY/TDD Users 1-800-627-3529 or 711 Minnesota Relay Service www.freeportmn.org

ZONING FORM (\$25.00)

Property

Owner(s) _____

Street Address _____ Freeport, MN 56331

Mailing Address _____

Phone Number _____

Type of Improvement

Patio

Sign (non-illuminated)

Sign (illuminated)

Fencing

Other _____

Required Forms & Items to Return with Application (if applicable)

Site Plan or Certificate of Survey

Landscaping and screening plans

Other _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be compiled with whether specified herein or not. I have identified all property boundaries, easements, flood zones, and/or wetlands existing on the property on my site plan and application. The undersigned further agrees the City and its' administrative staff relied on the accurateness of this application, plans and specifications relative to this project and holds the City of Freeport, and its employees harmless from all liability arising from the granting of this permit.

Signature of Owner _____ Date _____

Office Use Only

This permit is granted upon the authority given by the State of Minnesota, County of Stearns in the City of Freeport by its Zoning Administrator to said property owner for the sole purposes as described above.

Signature of Zoning Administrator _____ Date _____