



ACCESSORY STRUCTURE PERMIT APPLICATION

Office Use Only:

Application Date: _____ Zoning District: _____ Permit #: _____ Fee: _____

Property Address: _____

Property Size (SQ. FT. or ACRES): _____

Applicant Name: _____ Phone: _____

Applicant E-Mail Address: _____

Applicant Mailing Address: _____

Contractor Name: _____ Phone: _____

Contractor Mailing Address: _____

Property Owner Name: _____ Phone: _____

Property Owner Mailing Address: _____

Structure Type:

Detached Garage

Size (SQ. FT.): _____

Height (FT.): _____

Garage Door Size (LINEAL FT.) _____

Accessory Structure (type): _____

Size (SQ. FT.): _____

Height (FT.): _____

of Accessory Structures on Property _____

Setbacks (FT.):

Side Yard _____ Rear Yard _____ From Principal Structure _____

Please provide a sketch and/or picture of the proposed structure's location & materials.

The undersigned hereby represents upon all of the penalties of law, for the purpose of inducing the City of Mendota Heights to take the action herein requested, that all statements herein are true and that work herein mentioned will be done in accordance with the Ordinances of the City of Mendota Heights, the State of Minnesota, and rulings of the Building and Planning Departments.

Applicant Signature

Date

Staff Approval

Date

FIGURE 1D-1 and 1D-3: ACCESSORY STRUCTURES

