AVON TOWNSHIP
Stearns County, Minnesota

INTERIM USE PERMIT APPLICATION

Application fee: $ _____ File No. _____ Receipt No. _____

Property owner: _____

Property address: _____

Mailing address: _____

Phone No. _____ Parcel I.D. #: _____

Legal description: _____
_____
_____
_____
_____

Zoning district: _____ Ordinance section: _____

Overlay districts: (*check applicable overlay districts*)

_____ Shoreland
Water body name: _____
Water body No. & Classification _____
_____ Floodplain
_____ Environmental

a) Buildings and Setbacks (show on site plan)

b) Interim structure dimensions: _____

c) Road R.O.W. & centerline setbacks: _____

d) Side yard setbacks: _____

e) Rear property line setback: _____

f) Distance to neighboring feedlots: _____

Is access to Interim structure off of common driveway? Yes _____ No _____

Sewage Treatment System Permit or Certification No. _____

Reason for request: _____
_____
_____
_____

Proposed date or event upon which the Interim Use Permit will terminate: _____

Property Owner's Signature: _____ Date _____