



8319 County Road 11
Breezy Point, MN 56472
Phone: (218) 562-4441
www.cityofbreezypointmn.us

Permit #: _____
Issued On: _____
Fee Paid: _____
Receipt #: _____

Shoreland Alterations Permit Application

Name of Applicant _____
Address _____
City, State, Zip _____
Phone _____ Alternate Phone _____

Physical Address / Location of Property _____

Legal Description of Property _____

Parcel ID Number _____ Zoning District _____

Applicant is:

☐ Legal Owner of Property

☐ Contract Buyer

☐ Option Holder

☐ Agent

☐ Other _____

Title Holder of Property (if different than applicant):

Name _____

Address _____

City, State, ZIP _____

Phone _____

State the nature of your request in detail. What are you proposing for your property?

Signature of Owner, authorizing application _____

(By signing, the owner is certifying that he/she has read and understands the instructions accompanying this application.)

Signature of Applicant (if different than owner) _____

(By signing, the applicant is certifying that he/she has read and understands the instructions accompanying this application.)

Approved by the Planning
& Zoning Department: _____ Date: _____

INSTRUCTION TO THE APPLICANT: This permit must be approved and a signed copy received from the Planning & Zoning Department before any type of work can begin. Failure to complete the application will be subject to fines as detailed in the fee schedule.

A Site Plan of property and sketch of proposed plans must be submitted for your application to be complete.

Two current Photos of the existing property must accompany this application.

An as-built Photo of the project must be submitted upon completion of the project.

