



# APPLICATION FOR SETBACK CERTIFICATE

County of Sibley  
Gaylord, MN 55334

Permit No. \_\_\_\_\_  
Pre-Construction Fee: \$50  
(or \$1/\$1,000 value, if over \$50,000 value)

Date \_\_\_\_\_ P.I.D. No. \_\_\_\_\_ Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY: \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

OWNER: Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

APPLICANT (if different): Name \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PROJECT DESCRIPTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a map, survey, site plan or sketch depicting the area of the proposed construction. Indicate setbacks from all property lines, principal structures, ravines, lakes, rivers and ditches (if applicable).

CURRENT ZONING: \_\_\_\_\_ PCA Animal Facility? \_\_\_\_\_ PCA Permit Issued? \_\_\_\_\_ Permit No. \_\_\_\_\_

SETBACKS: Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_ Structure \_\_\_\_\_ Ravine \_\_\_\_\_

Lake/River/Ditch Setback: \_\_\_\_\_ PROJECT SIZE: \_\_\_\_\_ PROJECT COST: \_\_\_\_\_

### ADDITIONAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Contact State Electrical Inspector Chris Jackson at 507-402-4963 for any electrical inspections as needed.\*\*\***

AGREEMENT: I hereby certify that the information contained herein is correct and agree to do the proposed work in accordance with the description above set forth and according to the provisions of the ordinance of Sibley County, Minnesota. I also understand that this permit is valid for a period of two (2) years from the date of issue.

Name of Property Owner: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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OFFICE USE ONLY:

**PERMIT FOR CONSTRUCTION**

A Setback Certificate is hereby granted to the above named applicant to perform the work described in the above statement on the above described property. This permit is granted upon the condition that the person to whom it is granted, and his agent, employees and workmen shall confirm in all respects to the ordinances of Sibley County, Minnesota.

Date: \_\_\_\_\_ Zoning Administrator: \_\_\_\_\_