



ACCESSORY STRUCTURE APPLICATION

Planning and Zoning Administration | 13880 Business Center Drive Elk River, MN 55330

Office: 763-765-4450 | zoning@co.sherburne.mn.us

Contractor Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Contractor License # _____

Property Owner Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Parcel ID Number: _____ Lot Area (acres): _____

Address where work will be performed: _____

Describe Project: _____

Type of Septic System: Individual Sewage Treatment System (ISTS) Community

Date of Last Septic Action (if ISTS): _____ Install Upgrade Compliance Inspection

Is property located in the Shoreland District (300' from river or 1000' from lake) Yes No

IF YES, a Shoreland Alteration Permit is required

THE FOLLOWING ITEMS MUST BE SUPPLIED WITH APPLICATION

- Proof of property ownership
- Septic compliance inspection report if the septic system has not been inspected or upgraded within the last 10 years
- Legible dimensioned plans drawn to scale, in PDF format **OR** on suitable material, showing plan view, elevations, and cross section of project
- Site plan showing existing buildings, septic and well, including setbacks to each
- Where Sherburne County cannot verify setbacks are being met, a survey from a MN licensed surveyor may be required at the applicant's expense

Note: Erosion control inspection/fee may be required prior to issuance of building permit

SITE DRAWING

See example on supplement page



Accessory Structure Information

Footing Type: Slab on Grade Frost (block or poured wall) Post

Type of Construction: Post Frame Stick Built

Height of Sidewalls: _____ **OVER 14' REQUIRES STAMPED ENGINEERED PLANS**

Roof Slope: _____ Truss Spacing: _____

Intended Use of the Structure: _____

Personal Use: Yes No Business Use: Yes No

This building cannot be used as a habitable structure _____ Initial Here

AGREEMENT: I hereby certify that the information herein is correct and agree to do the proposed work in accordance with the submitted documents, provisions of the Sherburne County Ordinance, and the Minnesota State Building Code. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that by applying for this permit, I grant the zoning authority access to the above property for inspections throughout the application and permitting process.

Signature of Owner: _____ Date: _____

Printed Name of Owner: _____ Email: _____

Signature of Contractor: _____ Date: _____

Printed Name of Contractor: _____