



APPLICATION FOR OUTDOOR STORAGE PERMIT

**CITY OF JORDAN
210 EAST FIRST STREET
JORDAN, MN 55352
952-492-2535**

APPLICANT NAME: _____ WORK PHONE: _____

HOME PHONE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I/We, the undersigned, hereby make the following application to the City Council and Planning Commission of the City of Jordan, Scott County, Minnesota. (Applicants have the responsibility of checking all applicable ordinances pertaining to their application and complying with all ordinance requirements):

1. Application is hereby made for outside storage at the following address:

2. Legal description of land affected by the application:

3. Name, address and phone number of present owner of above described land:

4. Describe what you intend to store outside:

5. Describe how the outside storage will be screened:

7. I understand the following conditions for approval of the outside storage permit:

I certify that all information submitted is true and correct.

Applicant Signature: _____ Date: _____

Owners' Signature(s): _____ Date: _____

_____ Date: _____

FOR OFFICE USE ONLY

DATE SUBMITTED: _____ DATE COMPLETE: _____ IF INCOMPLETE, DATE LETTER SENT TO APPLICANT: _____

FEE PAID: _____ DATE FEE PAID: _____ FILE # _____

APPROVED _____ DENIED _____ BY _____

DATE OF ACTION: _____

DATE APPLICANT/PROPERTY OWNER NOTIFIED OF CITY STAFF ACTION: _____

DATE FENCE PERMIT ADDED TO PROPERTY ADDRESS FILE.