

**APPLICATION FOR  
LAND USE PERMIT**  
City of Arlington

Page 1 of 4

Return all forms to: City of Arlington, Building Department  
204 Shamrock Drive, Arlington, MN 55307  
Phone: (507) 964-2378 Fax: (507) 964-5973  
cityhall@arlingtonmn.gov

Zoning Official Contact: Michael Monson, Planning and Zoning Administrator  
Phone: (507) 964-2378 Fax: (507)-964-5973

Office Use Only	
Building Permit No.	_____
Date Received	_____
Forwarded to Utilities	_____
Variance Required	Yes ____ No ____
Assessor Copy	_____

Applicant must fill out all information on this form that is applicable to the project - Please Type or Print

**SECTION 1- DIRECTORY INFORMATION**

Project Street Address: _____	Zoning District: _____
Approx. Start Date of Construction: _____	Approx. Completion Date of Construction: _____
Owners Name: _____	Phone: _____
Address: _____	
Contractor: _____	Phone: _____
Address: _____	<i>License No.:</i> _____
Electrician: _____	Phone: _____
Address: _____	
Plbg./Mech. Contractor: _____	Phone: _____
Address: _____	
Excavation Contractor: _____	Phone: _____
Address: _____	

**SECTION 2- TYPE OF CONSTRUCTION**

Is curb & gutter existing? Yes \_\_\_\_ No \_\_\_\_ Will it be necessary to cut/change curb opening? Yes \_\_\_\_ No \_\_\_\_ (If yes, request drawing from city building department for standard size and design.)

Are the lot corners in evidence? Yes \_\_\_\_ No \_\_\_\_ (If no, owner must have property surveyed by a Registered Land Surveyor prior to issuance of permit.)

**CHECK BOX FOR TYPE OF WORK**

New Construction ☐ Addition ☐ Remodel ☒ Fence ☒ Other \_\_\_\_\_

Description of proposed construction (include dimension/size & building type) \_\_\_\_\_

---

---

---

---

Applicant's Estimated Construction Cost (include materials & labor)

\$

\_\_\_\_\_

**SECTION 3- SETBACK OF BUILDING OR STRUCTURE .....(Include setbacks on drawing area below.)**

Front Yard Setback \_\_\_\_\_ Rear Yard Setback \_\_\_\_\_  
 \_\_\_\_\_ Side Yard Setback \_\_\_\_\_ Side Yard Setback \_\_\_\_\_  
 N/S/E/W N/S/E/W

SITE PLAN DRAWING: (To be drawn by applicant/contractor in space provided below.)

Drawing shall indicate property lines, curbs, street names, existing and proposed structures, setback dimensions, where surface water will drain, and preferred location of electric and gas meters. Relate drawing to North arrow shown below. If necessary, use a separate sheet of paper.

NOTE: NO APPURTENANCES, ADDITIONS OR FACILITIES SHALL BLOCK ACCESS TO UTILITY METERS OR EQUIPMENT.

**t** North

**SECTION 4-APPLICATION FOR NATURAL GAS AND ELECTRIC SERVICE**

Natural Gas Service: Total BTU requirement: \_\_\_\_\_ Pressure requirement if other than 7" WC.: \_\_\_\_\_  
 Electric Service: Size in Amperes: \_\_\_\_\_  
 Voltage Requirement (check one): \_\_\_\_\_ Single Phase is 240/120 Three Phase is \_\_\_\_\_ 208/120/ \_\_\_\_\_ 480/277  
 Total Connected **KW** \_\_\_\_\_ Total KW Demand \_\_\_\_\_ Temporary service required? Yes\_\_\_ No\_\_\_

**SECTION 5-APPLICATION FOR TELEPHONE CABLE FACILITY PLACEMENT**

Is temporary job site telephone required? Yes\_\_\_ No\_\_\_

**C** Single Family Dwelling  
**CMulti** Family Dwelling.....No. of Units\_\_\_  
**C** Apartment Complex..... No. of Units\_\_\_  
**CBusiness**  
**Cother**..... No. of Units\_\_\_

Prewire before sheetrock or closing studs to be wired by:

**C** Telephone Company  
**C** Electrician

**SECTION 6-APPLICATION FOR CABLE TELEVISION SERVICE****A) PREWIRE**

Ensure the cable outlets are "home run" i.e.: a single coaxial wire run from each individual outlet to the entry point of the electric service.

Prewire to be done before sheetrocking or insulating.

This prewire being done by:

- ☐ Telephone Company  
☐ Electrician or other

**B) SERVICEABILITY**

Call the Cable Television Company to verify your home serviceable area.

**SECTION 7- NOTIFICATION OF GOPHER STATE FOR EXCAVATION**

Minnesota Statute Chapter 216D requires that the EXCAVATOR must call **Gopher State One-Call, Inc. at 1-800-252-1166** at least 48 hours before beginning any excavation. It is important to avoid striking any underground utility, telephone, Cable television, or water and sewer lines. Hand digging is required when excavating within two feet of the markings.

The color code for marking underground utility lines is as follows:

<b>Red</b>	Electric Power Lines, cables, Conduit & Lighting Cables
<b>Yellow</b>	Gas, Oil Steam, Petroleum or Gaseous Materials
<b>Orange</b>	Communications, Alarm or Signal Lines, Cables or Conduit
<b>Blue</b>	Water, Irrigation & Slurry Lines
<b>Green</b>	Sewers & Drain Lines
<b>Pink</b>	Temporary Survey Markings
<b>White</b>	Proposed Excavation

After utilities have been marked, if you have any questions or concerns about their location, please contact the various utility suppliers listed below:			
CenterPoint Energy Minnegasco	Natural Gas		800-245-2377
Arlington Electric	Electric	204 Shamrock Dr.	507-964-2378
Frontier Communications	Telephone		800-435-1504
Arlington Water & Wastewater	Water/Wastewater	204 Shamrock Dr.	507-964-2378
Mediacom Cable	Cable		800-332-0245

**IMPORTANT: BY SIGNING THIS DOCUMENT, I AM INDICATING THAT I HAVE RECEIVED THIS NOTICE AND AGREE TO ACCEPT RESPONSIBILITY FOR EITHER CALLING GOPHER STATE ONE-CALL OR NOTIFYING MY EXCAVATOR TO CALL 48 HOURS PRIOR TO EXCAVATING.**

**SECTION 8-APPLICANT'S CERTIFICATION AND COMPLIANCE SECTION****PLEASE READ THE FOLLOWING BEFORE SIGNING APPLICATION:**

I hereby certify that I have completed, read and examined this application and know the same to be true and correct. I accept responsibility for compliance with all applicable laws and city provisions, including those noted on the city engineer's report, smvey, plan review notes, and representation of setbacks, easements and property lines. Issuance of this permit does not authorize violation or cancellation of any state or local law regulating construction or the performance of construction.

I hereby authorize Arlington Electric & Water to furnish Utility Service to the project address. I understand that I will receive all bills for utility services and that I will be legally responsible for payment of these utility bills.

All electrical work must be inspected by the state electrical inspector. Call (507) 327-6078 between 7:00 am and 8:30 am weekdays for inspections.

Applicant's Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Applicant's Name-Printed: \_\_\_\_\_ Date: \_\_\_\_\_