



# CERTIFICATE OF COMPLIANCE APPLICATION FORM

## CITY OF GRANT

Mailing Address: P.O. Box 577  
Willernie, Minnesota 55090  
Town Hall: 111 Wildwood Road  
Phone: (651) 426-3383 Fax: (651) 429-1998  
E-mail: cityclrk@visi.com

Receipt No.

ESCROW: \_\_\_\_\_  
 FEE: \_\_\_\_\_

*Makes checks payable to City of Grant.*

<b>LEGAL DESCRIPTION AND PARCEL IDENTIFICATION NO.:</b>  Legal:		<b>ZONING DISTRICT:</b>  Total Acres:
<b>PROJECT ADDRESS:</b>	<b>OWNER:</b> Name: Address: City: State:                      Zip: Phone:	<b>APPLICANT (IF DIFFERENT THAN OWNER):</b> Name: Address: City: State:                      Zip: Phone:
<b>DESCRIPTION OF REQUEST:</b>		
<b>EXISTING SITE CONDITIONS (CURRENT BUILDINGS, USES, PHYSICAL CHARACTERISTICS, ETC.):</b>		
<b>PROPOSED USE: (ATTACH AN AERIAL PHOTO SHOWING EXISTING AND PROPOSED USES AND DISTANCES)</b>		
<p>In connection with your request for a Certificate of Compliance, your signature constitutes permission for a representative of the City of Grant to enter upon your property, during normal business hours, for the purpose of evaluating your request. This may involve minor excavation and soil borings. If you wish to be present during such inspection, please contact this office.</p>		
Date: _____	_____ Signature of Owner or Representative	
Date: _____	_____ Signature of Applicant (If different than owner)	

**NOTE: This document must be delivered or mailed to the City Office.**