

APPLICATION FOR ZONING PERMIT

OWNER

DEVELOPER/BUILDER

Name _____

Address _____

Telephone _____

Trustee ____ Yes ____ No

(Signature)

(Signature)

Street location of parcel _____

Map ____ Block ____ Lot ____

Deed: _____

(Volume)

(Page)

Zone ____ Acreage ____ Applicable Zoning Regulation _____

Nature of construction _____

Zoning Requirements:

Front _____

Proposed _____

Rear _____

Proposed _____

Side _____

Proposed _____

Side _____

Proposed _____

Lot coverage _____ %

Proposed _____ %

Non-conforming lot? ____ Yes ____ No Was it ever combined with another lot? ____ Yes ____ No

Fee: \$ _____ Paid () Date _____

Conditions: _____

A-2 Survey Prepared by: _____ Date _____

Variance (s) granted: _____

Effective Date _____

Approved: _____

(Director of Health/Date)

(Zoning Enforcement Officer/Date)

B100 compliant

Any false statement or any building permits gained by such statement will render permits NULL & VOID