

Date Received \_\_\_\_\_  
Date Issued to Applicant \_\_\_\_\_

Permit No. \_\_\_\_\_  
Check No. \_\_\_\_\_

### I. APPLICANT DATA

(Please Print)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name & address of owner if other than applicant  
\_\_\_\_\_  
\_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of owner \_\_\_\_\_ Date \_\_\_\_\_

### II. SITE LOCATION DATA

Address of property for Zoning Permit  
\_\_\_\_\_  
\_\_\_\_\_

Zoning classification/district \_\_\_\_\_ Tax Parcel No. \_\_\_\_\_

### III. PROPOSED USE DATA

#### A. Type of Activity (Check all applicable responses)

<input type="checkbox"/> New construction	<input type="checkbox"/> Relocation of existing structure
<input type="checkbox"/> Addition to existing structure	<input type="checkbox"/> Change of use
<input type="checkbox"/> Alteration to existing structure	<input type="checkbox"/> Erection of sign(s)
<input type="checkbox"/> Change or extension of nonconforming use	<input type="checkbox"/> Wind Energy
<input type="checkbox"/> Seasonal / Temporary	<input type="checkbox"/> Other _____

#### B. Proposed Principal / Accessory Use (Check and complete all applicable responses)

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional
<input type="checkbox"/> Recreational	<input type="checkbox"/> Single-family detached
<input type="checkbox"/> Single-family attached	<input type="checkbox"/> Multi-family; # of units _____
<input type="checkbox"/> Mobile home	<input type="checkbox"/> Mobile home park - # of units _____
<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Storage Structure
<input type="checkbox"/> Private swimming pool	<input type="checkbox"/> Energy Source
<input type="checkbox"/> Deck/Patio/Porch	<input type="checkbox"/> Enclosed _____ Unenclosed
<input type="checkbox"/> Sign	<input type="checkbox"/> Home occupation/Professional office
<input type="checkbox"/> Other _____	

#### IV. STRUCTURAL CHARACTERISTICS/DATA

Complete the following as they relate to your permit request.

##### A. Yard Dimension & Building / Accessory Location *(Complete all applicable responses)*

Total lot area (sq.ft. or acres) \_\_\_\_\_ Lot size \_\_\_\_\_ ft. x \_\_\_\_\_ ft.

Building / Accessory location measured from adjoining property line & street right of way:

Front yard depth: \_\_\_\_\_ ft. Rear yard depth: \_\_\_\_\_ ft.

Side yards: Left side \_\_\_\_\_ ft. Right side \_\_\_\_\_ ft.

##### B. Building / Apparatus / Sign Dimension *(Complete all applicable responses)*

Building \_\_\_\_\_ Apparatus \_\_\_\_\_ Sign \_\_\_\_\_

Length \_\_\_\_\_ ft Width \_\_\_\_\_ ft Height \_\_\_\_\_ ft

Total gross floor area \_\_\_\_\_ sq. ft.

##### C. Support & Construction Data *(Complete all applicable responses)*

Contractor Name \_\_\_\_\_ Phone \_\_\_\_\_

Type of sewage system \_\_\_\_\_ Type of water supply \_\_\_\_\_

Number of off-street parking spaces to be provided *(if applicable)* \_\_\_\_\_

Estimated: Starting Date \_\_\_\_\_ Completion Date \_\_\_\_\_ Occupancy Date \_\_\_\_\_

Issuance of this Permit may be appealed by any aggrieved party within 30 days of its issuance.

Completion and submission of this Application shall not relieve the applicant from obtaining such other permits as may be required by other local, state or federal regulations or laws.

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##### VI. DISPOSITION *(To be completed by the Zoning Officer)*

Signature of Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

Fee Collected \_\_\_\_\_ Date approved \_\_\_\_\_ Permit # \_\_\_\_\_

Date disapproved \_\_\_\_\_ Reason for disapproval: \_\_\_\_\_

*If permit is denied one of the following may be applicable: Variance, Special Exception, Conditional Use, or Other.*