

Date Received _____

Permit No. _____

Date Issued to Applicant _____

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.

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.