



Zoning Permit Application

Date filed: _____

Instructions

If the application is on behalf of the property owner(s), all owners must sign.
If the applicant is not an owner, the owner(s) must sign the Designation of

Agent

_____ section.

Parcel Number: _____

Applicant(s) name print:

Site Address:

Phone: _____ Email: _____

Mailing Address:

Date: _____

Owner Signature

Owner Signature

Applicant Signature

Designation of Agent: *(Complete only if owner is not applicant.)*

I hereby appoint the person named Applicant as my agent to represent me in the request for a Zoning Permit.

Date: _____ Owner(s) Signature

The applicant hereby requests a certificate of Zoning Compliance to use the property located at:

_____ in the following manner:

Existing structure with no renovations.

Existing structure with the following renovations:

() New Structure

Proposed use:

_____ Total square footage: _____

This application must be accompanied by plans.

Zoning Type: _____

Setbacks:

Road right-of-way center of road: _____ Front: _____ Total Front:

Side: _____ Rear: _____ *(Corner lots have two fronts.)

Buffer Requirements? No: ___ Yes: ___ Type:

Other:

Approved: _____ Disapproved: _____ Reason Why:

Fee Collected: _____ Amount: _____ Date: _____

NOTE: ZONING PERMITS REQUIRE RE-APPLICATION AND FEES IF PROJECT IS NOT COMPLETED WITHIN ONE YEAR OF INITIAL FILING.

04.24 Revised