

ZONING APPLICATION/PERMIT

Date of Application _____

Property Owner Name(s) _____

Authorized Agent (if applicable) _____

Mailing Address of Applicant _____

Telephone Number of Applicant _____

Address of Proposal _____

Tax Number of Property _____

Zoning District Classification (check one)

Residential	RA_____	R1_____	R2A_____	R3_____
Commercial/Industrial	C1_____	C2_____	IN_____	CBD_____
Other	WF_____	PO_____	R4_____	CR_____ PUD_____

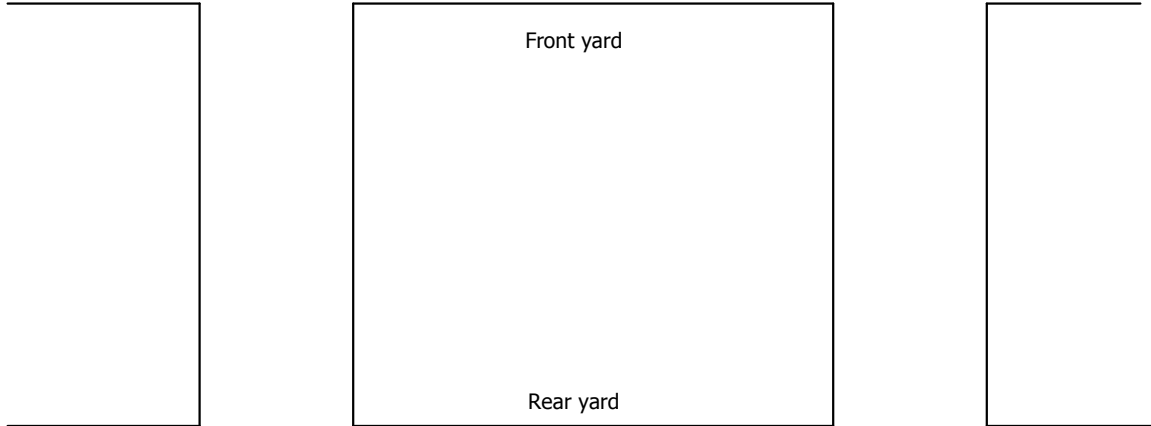
Approximate Construction Cost \$ _____ Completion Date _____

Type of structure and/or type of use or request:

Single Family Residence	_____	Two Family Residence	_____
Deck	_____	Mobile Home	_____
Garage	_____	Multiple Family Residence	_____
Addition	_____	Professional Office	_____
Out Building	_____	Commercial	_____
Fence (Ht _____)	_____	Industrial	_____
Demolition	_____		
Other _____			

Complete a sketch of our plan on the reverse side. Include information with respect to the proposed structure. Location of existing structures, etc. Locate any easements or right-of-ways which abut or traverse the property on the sketch.

STREET NAME



Note: Indicate front, sides and rear measurements of proposed structure and setbacks from lot lines. Indicate structure height. Indicate existing building dimensions and locations, if any. Rule of thumb, when measuring setbacks from streets, the street right-of-ways extend 33 feet from the center of the street. Begin setback requirement after initial 33 feet.

Structure Dimensions first floor _____ X _____ sq. ft.
 (if applicable) second floor _____ X _____ sq. ft.

Structure Height _____ ft.

Square Footage of existing Primary Structure _____

Square Footage of existing Accessory Structure(s) _____

RESIDENTIAL SETBACKS

	Front	Rear	Sides
RA	40'	50'	15'
R1	35'	40'	10'
R2A	25'	25'	10'

 Applicant's Signature

ALL FEES ARE NON-REFUNDABLE AND MUST BE PAID WHEN FILING APPLICATION.
 Approved zoning permits are for a period of one year from date of issuance. Failure to have first zoning inspections performed within one (1) year will result in a need for re-application.

Administrative Use Only

Fee Required _____ Public Hearing _____ Publication Required _____

Referred to Governmental Body Planning _____ Board of Appeals _____ City Commission _____

Date Forwarded to Governmental Body _____

PERMIT DISPOSITION

Approved _____ Disapproved _____

 Zoning/Assistant Zoning Administrator

Date _____