

PLEASE ALLOW 5 BUSINESS DAYS FOR PERMIT TO BE APPROVED

Permit No. _____

Date _____

Fee \$15.00

APPLICATION FOR ZONING CERTIFICATE

Name of Owner _____

Address _____

Phone # _____

Name of Contractor _____

Street Address of Property _____

Legal Description _____

Type of work to be done: Erect _____ Alter _____ Repair _____ Other _____

Existing Use _____ Proposed Use _____

Lot Information: Street Frontage _____

Average Depth _____ Area _____ Sq Ft _____

Building Information:

	<u>Main</u>	<u>Accessory</u>
Width	_____	_____
Depth	_____	_____
Floors (Number)	_____	_____
Floor Area (Sq Ft)	_____	_____
Total % Lot Coverage	_____	_____
Number Dwelling Units	_____	_____

Setback Information:

	<u>Main</u>	<u>Accessory</u>
Front	_____	_____
Side	_____	_____
Side	_____	_____
Rear	_____	_____

Number of off-street parking spaces provided: _____

Number of off street parking spaces required: _____

Drawing of Lot and Building Attached: Yes _____ No _____

The undersigned hereby certifies that the information given herein is correct and that they will comply with the Zoning Regulations and further understands any certificate issued upon false statement of any fact which is material to the issuance hereof shall be void. Certificated, when issued DO NOT NULLIFY ANY DEED RESTRICTION VALIDLY FILED OF RECORD.

(Owner or contractor signature)

Zoning Certificate issued _____ by _____

Zoning Certificate denied _____ by _____

Reason for Denial _____
