



ZONING PERMIT

DATE: _____

APPLICANT

NAME: _____

ADDRESS: _____

TELEPHONE: _____

PROPERTY OWNER

NAME: _____

ADDRESS: _____

TELEPHONE: _____

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: _____

1. BUSINESS NAME: _____

2. ADDRESS OF PROPERTY: _____

3. PROPOSED USE: _____

4. ZONING DISTRICT: _____ FLOOD ZONE: _____

5. LOT SIZE: _____ SQUARE FOOTAGE: _____

6. IF EXISTING, PROPOSED CHANGE OF USE: _____

7. GROSS FLOOR AREA: _____ PROPOSED ADDITIONAL FLOOR AREA: _____

8. BUFFER (NUMBER OF TREES REQUIRED & TYPE): _____

SCREEN (LOCATION AND TYPE): _____

9. SIGNAGE: SQUARE FOOTAGE *FREE STANDING SIGN*: _____

SQUARE FOOTAGE *WALL MOUNTED SIGN*: _____

10. PARKING: REQUIRED SPACES: _____

EXISTING SPACES: _____

PROPOSED SPACES: _____

11. ATTACH SITE PLAN OR SURVEY SHOWING EXISTING AND PROPOSED CONDITIONS

APPLICANT'S SIGNATURE: _____

STAFF USE ONLY

IS PROPOSED USE IN COMPLIANCE WITH THE ZONING DISTRICT IN WHICH IT IS LOCATED? Yes _____ No _____

ZONING ADMINISTRATOR'S SIGNATURE: _____

COMMENTS: _____
