YOUR OFFICE NAME

ZONING PERMIT APPLICATION

Confirm that a structure or use meets the zoning ordinance.

Attach a site plan drawn to scale showing existing and proposed structures and distances to every property line.

PROPERTY

Property address *

Parcel / tax ID number *

Zoning district

OWNER / APPLICANT

Full name *

Mailing address *

Phone *

Email *

PROPOSAL

Current use of the property *

Proposed use *

Describe the structure or change *

Front setback (feet)

Rear setback (feet)

Left side setback (feet)

Right side setback (feet)

Height of structure (feet)

Lot coverage after the work (%)

Site plan to scale *

Attach to this form.

CERTIFICATION

☐ I certify the information and site plan are accurate. *

Signature *

Date *