

**Z** -

## Zoning Permit Application

201-004-2340 ex. 1025			
<b>Zone:</b>	Block:	L	ot(s):
<b>Applicant's Name</b> , Ad	dress, Phone:		
			)
City, State, Zip			
<b>Owner's Name</b> , Addre	ss, Phone:		
		Phone: (	)
Project Address:			
Description of Dr	raigat ingludin	a Dimonci	ona
Description of F1	ojeci meruding	g Difficusion	ons:
Is this a Corner lot		YES	NO
Will you be removing any tre	es on the property?	YES	NO
Are you within 300' of a stream		YES	
Will you be <b>moving any</b> soil		YES	
Will you be adding or mov	•	YES	NO
Are you within 300' of a st		YES	NO
Is the project within a flood		YES	NO
(If Yes) how much soil?			
(Note: All soil movement of	over 25 cubic yards wil	ll require a soil r	novement permit)
Ap	plication Must Be	Accompanie	d by:
Site Plan or Property S	-	-	· ·
Bulk Requirement she	• • •		
Check for \$ 30.00 to the			
Additional fees may a	-		ing Parmit
Additional Ices may ap	ppry for release of t		
Reminder: Advise	e your contractor	that NO co	ntractor signs are to be
	d on your proper		
	• 1 1	•	
Signature of Applicant:	Date:		
Any incorrect or fa	lsified informati	ion will ren	der this application voic
and any approvals			A A
<u> </u>			OFFICE USE ONLY
rmit: ISSUED	DENIED	DATE	:

Zoning Officer\_

Notes:\_\_

Fee: \$30.00 Check #\_