

The undersigned hereby applies for a zoning certificate for the following use, to be issued on the basis of the representations contained herein, all of which applicant swears to be true.

1. Location of Property (address and description) _____
2. Name of Land Owner _____
3. Physical Address of Land Owner _____
4. Mailing Address of Land Owner _____
5. County Auditor Record: Book _____ Page _____ Parcel No. _____ Zoning District _____
6. Proposed Use:

- | | |
|---|---|
| <input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> Residence – No. of Families _____ |
| <input type="checkbox"/> Remodeling | <input type="checkbox"/> Business |
| <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Manufacturing |
| | <input type="checkbox"/> Sign Board – Size _____ (x by x) |

Other (Describe and Explain)

7. Furnish, to scale, plans in duplicate, showing existing building and proposed construction or use for which this application is made. Fill in all dimensions and indicate which direction is North.
 - a. Main road frontage _____ feet
 - b. Set back from side of road right of way _____ feet
 - c. Side yard clearance
 - i. _____ side _____ feet
 - ii. _____ side _____ feet
 - d. Rear yard clearance _____ feet
 - e. Depth of lot from right of way _____ feet
 - f. Dimensions of building
 - i. Width _____ feet
 - ii. Depth _____ feet
 - g. Highest point of building above established grade _____ feet
 - h. Lot Size _____

8. Buildings
 - a. Use _____
 - b. Number of Stories _____
 - c. Basement YES NO
 - d. Useable floor space designed for use as living quarters exclusive of basement, porches, garages, breezeways, terraces, attics, or partial stories.
 - i. First Floor _____ square feet
 - ii. Second Floor _____ square feet
 - iii. Third Floor _____ square feet
 - iv. Other (list and note square feet) _____

Application No. _____

Approved

Disapproved

e. Off street parking space _____ square feet

9. Is the property within the FEMH recognized Flood Way YES NO Flood Plain YES NO

10. Remarks and Additional Information Relevant to the Application _____

Date filed with Zoning Inspector

Applicant Name (Print)

Applicant Signature

Disapproved – Reason (site zoning reference sections where applicable):

Zoning Inspector (Signature)