

APPLICATION FOR ZONING CERTIFICATE

Permit #: _____

TOWNSHIP: _____

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 is application swears to be true.

1. Location of Property: Block _____ Parcel ID: _____
Lot#: _____ Subdivision: _____ Sec#: _____
Range: _____ Town: _____ Result of Split? _____

2. Name of Land Owner: _____ (as it appears on the deed)
Address: _____

3. Occupant: _____ Land Contract? _____

4. Proposed Use of New Construction Residence: _____ Accessory Bldg: _____
Remodeling of: _____ Other: _____

5. Estimated Cost of Construction: \$ _____

6. Sketch of lot, showing existing buildings and proposed construction or use for which this application is made. "SEE REVERSE SIDE"

- a. Main road frontage: _____ ft
- b. Set back from side of road right of way: _____ ft
- c. Side yard clearance: _____ side, _____ ft, _____ side, _____ ft
- d. Rear yard clearance: _____ ft
- e. Depth of lot from right-of-way: _____ ft
- f. Dimension of building: Width: _____ ft, Depth: _____ ft
- g. Highest point of building above established grade: _____ ft

7. Building Use: _____ Number of Stories: _____ Basement: _____
of Square feet of living area: _____ sq ft
of Rooms: _____ # of Traps _____

8. Is a set of Blue Prints filed with this application? Yes _____ No _____

9. Zoning District: _____

ALL QUESTIONS MUST BE ANSWERED

Date filed with Zoning Inspector _____

Signature of Applicant _____

PRINTED NAME of Applicant _____

Zoning Inspector/Representative approval _____

GENERAL CONTRACTOR: _____
ELECTRICAL CONTRACTOR: _____

PLUMBING CONTRACTOR: _____
BASEMENT CONTRACTOR: _____