



APPLICATION FOR ZONING CERTIFICATE

OWNER

Name: _____
Phone: _____
Property Location: _____

CONTRACTOR/ARCHITECT

Name: _____
Address: _____

Phone: _____

1 PROPOSED USE

- Single Family Residence
- Multiple Family: _____ Units _____ Floors
- Commercial
- Industrial
- Institutional
- Accessory Building

- Swimming Pool
- Fence
- Sign
- Driveway
- Sidewalk
- Other (specify) _____

2 TYPE OF CONSTRUCTION

- New
- Alteration
- Change in Use
- Addition

3 TIMELINE

Construction Start Date _____ Expected Completion Date _____

4 APPROXIMATE VALUE _____

5 UTILITIES

- Municipal Water
- Municipal Sanitary Sewer
- Septic Tank or Private Treatment
- Storm Sewers or Ditch Enclosure

Note: approval of service locations for utilities (sewer, water, electric, gas) is by the Utilities Department.
Subsurface storm drainage is to be provided by the owner.

6 ATTACH SKETCH OF PROPOSED IMPROVEMENT

Sketch must show lot lines, dimensions, and area; location of proposed building or dimensions; distances to exterior lot lines, drives and parking areas. Show any building overhangs or projections, signs and fences.

OWNER'S CERTIFICATION

I HEREBY DECLARE that the above and attached information is correct and accurate and that the building and/or land will be constructed or used as stated herein.

Owner's Signature: _____ Date: _____

ZONING CERTIFICATE

Date Filed: _____ Fee: _____ Rec'd Date: _____ Amount: _____

Permit Number: _____ Date Approved: _____

ZONING INSPECTOR

This certificate is valid for one year from the date of filing unless extended herein by the Zoning Inspector

Extension Approved to: _____ by _____

DATE: _____ AMOUNT PAID: _____ Cash Check