

## PLANNING AND ZONING DEPARTMENT Residential Single-Family Permitted and Accessory Uses

The undersigned applies for a Zoning Certificate for the following use. Said certificate to be issued on the basis of the information contained within this application. If you are not the property owner(s), please include a signed letter from the property owner(s) authorizing you to make this application. The applicant hereby certifies that all information and attachments to this application are complete and accurate, and that the proposed use will be constructed as shown.

LOCATION	OF CONSTRUC	CTION			
Please include ac	ddress, street, city,	and zip c	ode		
Subdivision		Lot #		Parcel ID #	
CONTACT I	NFORMATION	<u>I</u>			
	PROP	ERTY O	WNER	CONTRACTOR	
Name					
Company					
Address					
City, State, Zip					
Phone					
Fax					
Email					
TYPE OF CO	ONSTRUCTION	<u>I</u>			
☐ New Single-Family			New Two-Family		Addition
<ul><li>□ Detached Garage</li><li>□ Shed</li></ul>			Deck		Pool
<ul><li>☐ Shed</li><li>☐ Carport</li></ul>			Sunroom Gazebo		Patio Other
DESCRIPTION Explain Use in Explain U		le square	footage, height and	intended use)	
PLEASE REV	VIEW AND CH	ECK T	HE FOLLOWIN	${ m NG}$ (Application will	not be processed unless completed)
	•				imensions of the lot, all front, side
and rear yard setbacks, and the footprint of the primary and accessory structures, proposed and existing.  I understand that downspouts may not be extended underground to the street and through the curb.					
☐ I understand that sump pump lines must discharge either onto the ground or into an approved sump pump drainage system and may not be extended through the curb.					
☐ I understand and have shown all items relating to storm water (easements, flood routing paths and minimum building opening) on the attached plot plan.					
☐ I unders		-	ility to comply with	private deed and	or subdivision
*Signature of Applicant				Date	

\*Applicant hereby affirms that all information and attachments to this application are complete and accurate.