

ZONING PERMIT

PROPOSED PROJECT:

OWNERS NAME:

OWNERS SIGNITURE:

PRINT NAME:

ADDRESS:

REQUIREMENTS PER ZONING CODE ORDINANCE CH-18

ZONING DISTRICT: _____ MAXIMUM ALLOWED HEIGHT: _____

MINIMUM SETBACKS: FRONT: _____ REAR: _____ RT. SIDE: _____ LT. SIDE _____

MINIMUM LOT AREA: _____ MAXIMUM % OF LOT AREA _____

SETBACKS OF PROPOSED PROJECT

FRONT: _____ REAR: _____ RT. SIDE: _____ LT. SIDE: _____

LOT AREA: _____ COVERAGE OF LOT AREA: _____

HEIGHT OF PROJECT: _____

THE ABOVE PROJECT HAS BEEN: APPROVED: _____ NOT APPROVED: _____

BUILDING INSPECTOR: _____ **DATE:** _____

APPROVAL CONDITIONS: _____