



ZONING & DEVELOPMENT PERMIT APPLICATION

APPLICANT/CONTACT INFORMATION

Applicant Name: _____	<input type="checkbox"/> Owner <input type="checkbox"/> Other _____
Applicant Address: _____ _____	Phone: _____
Contractor Name: _____	Email: _____
Contractor Address: _____ _____	Phone: _____
	Email: _____

PROJECT INFORMATION

Project Address: _____	Zoning Information
Parcel Number: _____	Zoning District: _____
Project Type: <input type="checkbox"/> Residential <input type="checkbox"/> Multifamily <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Use Change <input type="checkbox"/> Signage/Exterior Modifications <input type="checkbox"/> Other	Front Setback: _____
	Rear Setback: _____
	Side Setback (Left): _____
	Side Setback (Right): _____
	Building Height: _____
	In Flood Hazard Zone: Y/N: _____
Project Description: _____	Date(s) of Other Required Approvals
Project Cost: \$ _____	Planning Commission: _____
	ADC: _____
	BZA: _____

FOR OFFICIAL USE ONLY

PERMIT NO: _____	
COMMERCIAL DEVELOPMENT BASE FEE:	\$ _____ CP
TOTAL BUILDING AREA (SQ. FT.) _____ X _____ RATE FEE:	\$ _____ CP
ZONING PERMIT FEE:	\$ _____ ZP
PARK/RECREATION ACQUISITION FEE:	\$ _____ DA
PARK/RECREATION DEVELOPMENT FEE:	\$ _____ DP
DEMOLITION PERMIT FEE:	\$ _____
OTHER FEE:	\$ _____
TOTAL AMOUNT DUE:	\$ _____

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE PROPERTY IDENTIFIED ON THIS PERMIT **OR** THAT I HAVE BEEN AUTHORIZED BY THE OWNER OF RECORD TO MAKE THIS APPLICATION AS HIS/HER AGENT; AND THAT ALL INFORMATION FURNISHED ON THIS FORM IS ACCURATE; AND I AGREE TO COMPLY WITH APPLICABLE CITY CODES. I ALSO ACKNOWLEDGE THAT THE CODE ENFORCEMENT OFFICIAL OR DEPUTY SHALL HAVE AUTHORITY TO ENTER THE PROPERTY COVERED BY THIS PERMIT AT ANY REASONABLE HOUR TO INSPECT AND ENFORCE THE PROVISIONS OF THE APPLICABLE ZONING CODES.

SIGNATURE OF APPLICANT

DATE

ZONING OFFICIAL/DEPUTY

DATE