

# ZONING APPLICATION

(To be completed by Applicant)

Owner's Name		Phone #	
Owner's Email			
Owner's Address		Fax #	
<hr/>			
Applicant Name (Contractor, Architect, Engineer)		Phone #	
Applicant Email			
Applicant Address		Fax #	
<hr/>			
Site Location (i.e. City, Town, Village)			
Site Address			
<hr/>			
Existing Use			

**Type of Development**

[Check (x) where appropriate]

Change in Use		New Construction		Addition	
Garage		Access		Sign	
Fence		Pool		Antenna/Tower	
Deck		Accessory Bldg.			

**Site Information (include site plan map with application, include covenants as necessary)**

[Check (x) where appropriate, or enter number value]

Wetlands		Front Setback		Rear Setback	
Underground Tanks		Side Setback #1		Side Setback #2	
Floodplain		Easements		Lot Square Foot	
Percent (%) of Lot Coverage				Height	

**Special Considerations:**

Does this project need developer architectural committee approval? Yes \_\_\_\_\_ No \_\_\_\_\_

Estimated Land Disturbance Area (Square Feet) \_\_\_\_\_

Does this project need Sewer District Approval? Yes \_\_\_\_\_ No \_\_\_\_\_

The Zoning Administrator may request additional information during the review of the Zoning Application.

The Zoning Administrator may require a site survey by an RLS if proposed uses/structures occur within 2 feet of the applicable setback lines.

**Building Information (include information as necessary)**

[Check (x) or fill in information, where appropriate]

Building Permit Req'd		If No, Complete Section Below.			
Homeowners Assoc.					
Building Height		Max. Length		Max. Width	
Square Footage (main)		Square Footage (basement)		Square Footage (upper)	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

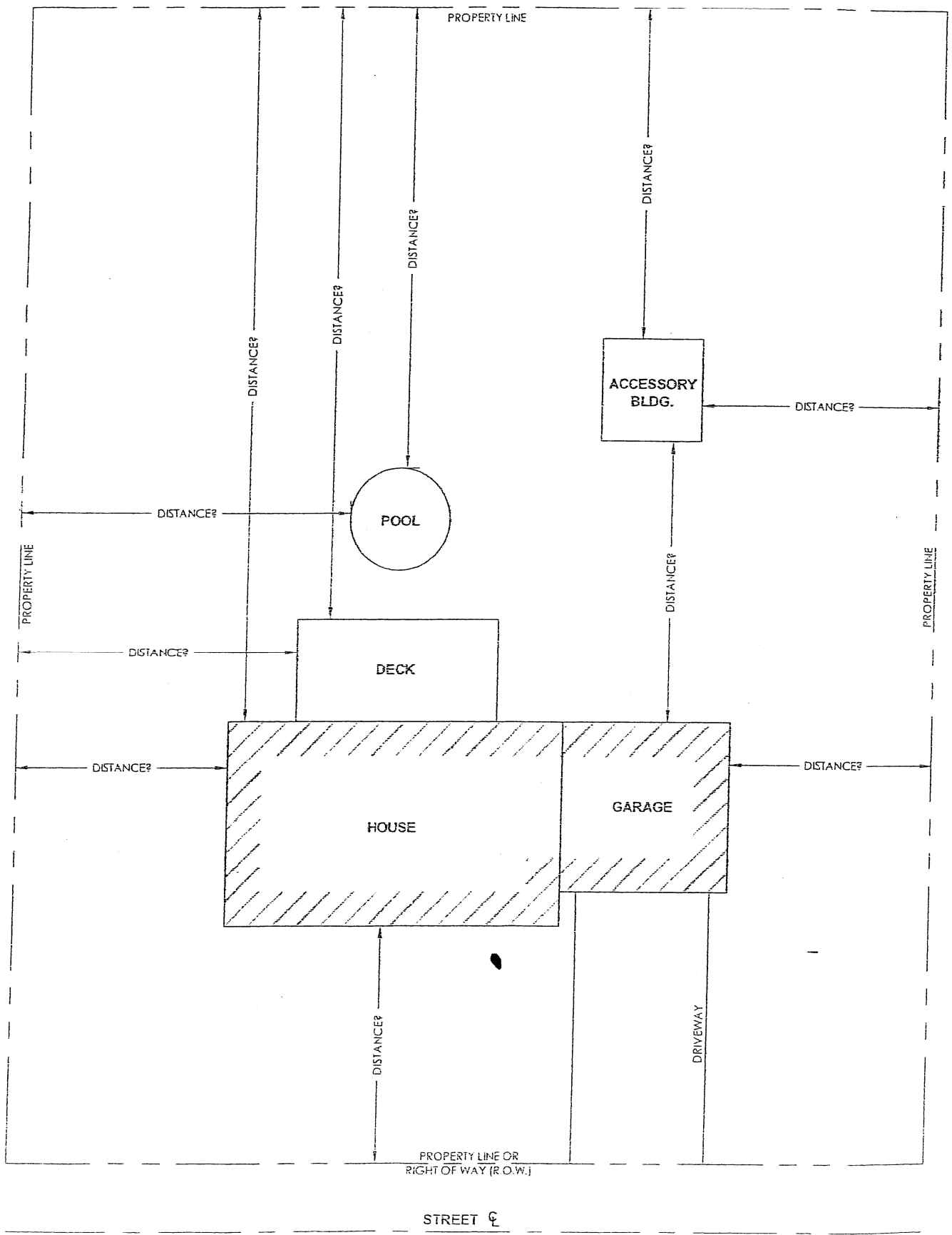
# EXAMPLE SITE PLAN

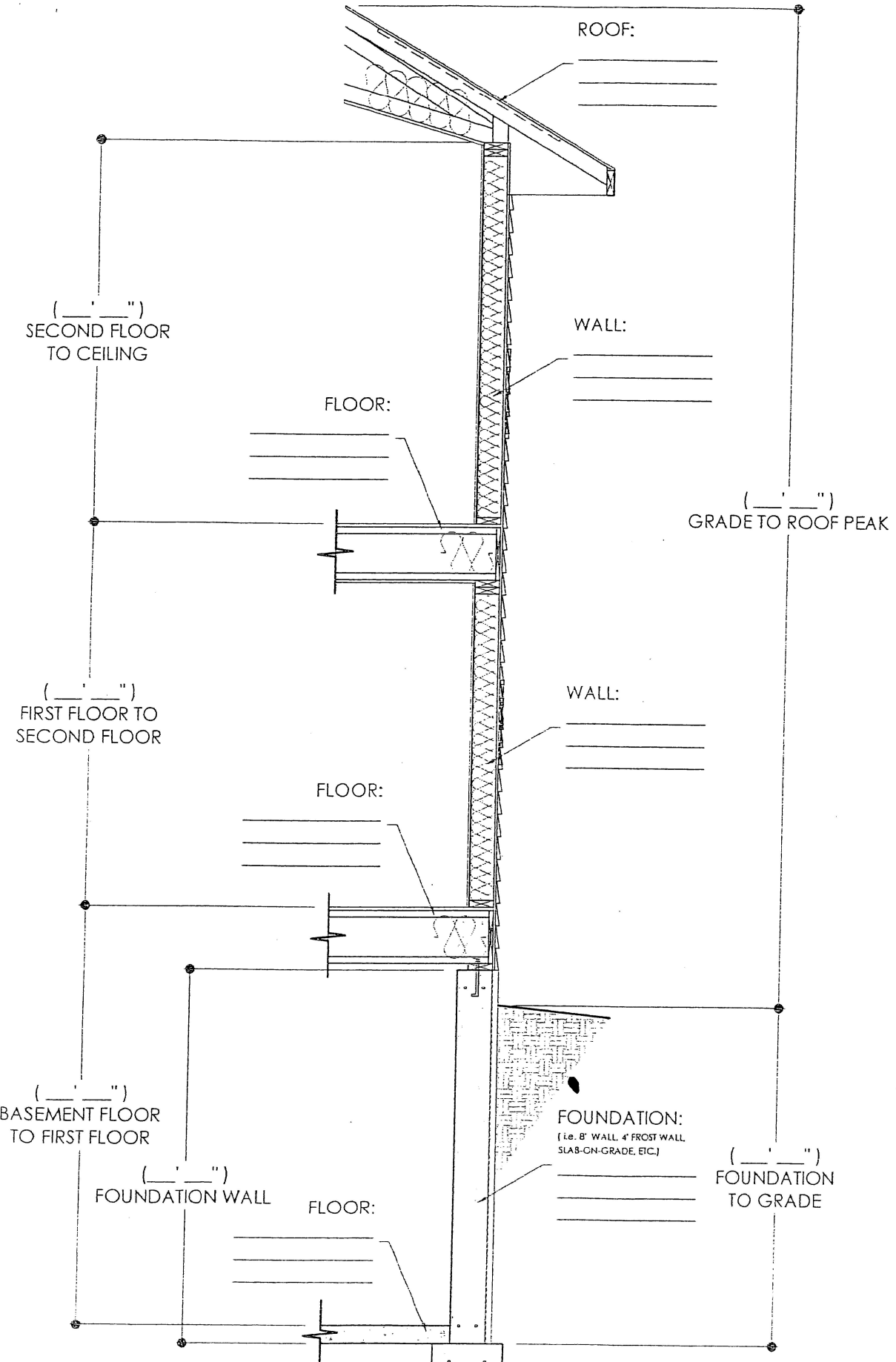
PROPERTY ADDRESS:

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ROOF:

WALL:

FLOOR:

WALL:

FLOOR:

FOUNDATION:  
 (E.g. 8" WALL 4" FROST WALL  
 SLAB-ON-GRADE, ETC.)

( \_\_\_' \_\_\_" )  
 SECOND FLOOR  
 TO CEILING

( \_\_\_' \_\_\_" )  
 GRADE TO ROOF PEAK

( \_\_\_' \_\_\_" )  
 FIRST FLOOR TO  
 SECOND FLOOR

( \_\_\_' \_\_\_" )  
 BASEMENT FLOOR  
 TO FIRST FLOOR

( \_\_\_' \_\_\_" )  
 FOUNDATION WALL

FLOOR:

( \_\_\_' \_\_\_" )  
 FOUNDATION  
 TO GRADE

**TYPICAL SECTION**

OWNER: \_\_\_\_\_  
 PROJ. LOC: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 DESIGNER: \_\_\_\_\_

# ZONING PERMIT

(To be completed by Zoning Administrator)

Owner's Name		Phone #	
Owner's Address		Fax #	
Tax Parcel Number	Taxes Paid		
Building Permit	Building Permit #		
Other Permits Req'd			
Description			

Fee Paid        \$ \_\_\_\_\_

This permit shall become void at the expiration of 120-days after the date of issuance unless construction is started. All construction shall be completed within eighteen months.

If any deviations are made from the original application, a new permit is required.

Once a Zoning Permit is issued the fee becomes non-refundable.

This permit shall be posted in a conspicuous location on the premises and shall remain in-place during the entire period of construction.

<b>Site Plan Included</b>			
Approved		Denied	Further Review Needed
Survey Needed	Site Visit Needed		

<b>Comments</b>  
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Zoning Administrator

PERMIT CHECK SHEET

- Cad Drawing of lot from Municipality.  
Date \_\_\_\_\_ Name \_\_\_\_\_
- Zoning Permit with site plan showing all measurements necessary, side, rear and front set backs from lot lines, height and percent of lot coverage.  
Date \_\_\_\_\_ Name \_\_\_\_\_
- Cut sheet of building showing height, floor plan, windows, doors size and use of rooms  
Date \_\_\_\_\_ Name \_\_\_\_\_
- Copy of the Ordinance(s) pertaining to the project. (ie deck, garage, shed, fence)  
Date \_\_\_\_\_ Name \_\_\_\_\_
- Zoning permit signed and approved by Municipal Official  
Date \_\_\_\_\_ Name \_\_\_\_\_
- Applicant needs to read the cautionary statement to owners and has initialed the statement  
Date \_\_\_\_\_ Name \_\_\_\_\_
- Completed building permit application.  
Date \_\_\_\_\_ Name \_\_\_\_\_

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