



ZONING APPLICATION

(Clerk's Use Only)

APPLICATION NUMBER: _____ **DATE:** _____

FEE PAID: _____ **ACCEPTED:** _____ **DENIED:** _____

Reason for Denial:

This form is for determining whether your project is allowed in the zoning district for which the parcel is situated. Please note that it may take as much as two weeks to review the application.

TO ENSURE TIMELY REVIEW OF YOUR APPLICATION PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND PROVIDE WITH THIS APPLICATION THE FOLLOWING DOCUMENTATION:

- **A copy of the current owner's deed**
- **If the owner is not the applicant an Authorization of Agent form must be provided**
- **Site Plan showing current and proposed structures and all improvements such as parking areas, driveway, water lines, sewer lines and septic systems and electrical lines whether overhead or buried**
- **Any other information deemed necessary by the Zoning Administrator**

GENERAL INFORMATION

Tax Parcel Number: _____

Parcel Address: _____

Zoning District: _____

Total Parcel Area: _____

Detailed description of project to which this request relates. Please include current and proposed uses:

Are there any zoning violations on the property? Yes _____ No _____

If yes, please explain:

Is the parcel in question within 500 feet of a County or State Highway, Right of Way or Park, an Agricultura Farm Operation, a Municipal Boundary or other Local, State, or Federal Facility or Lands? Yes _____ No _____

If yes, please explain:

APPLICANT INFORMATION

Applicant Name:

Applicant Address:

Applicant Phone:

Applicant Email:

AGENT INFORMATION

Agents Name:

Agents Address:

Agents Phone:

Agents Email:

OWNER INFORMATION

Owners Name:

Owners Address:

Owners Phone:

Owners Email:

To the best of my knowledge, information, and belief the information presented in this Application, and any supplemental information provided, or attachments included herein, are true, correct, and complete and no material facts have been omitted. I understand if my application is denied by the Zoning Board Administrator, I may appeal to the Zoning Board of Appeals at any time.

Date:

Name:

Signature: _____