Permit No.	
I CITITIC INO.	

Date Paid	Amount \$	Check No.	

APPLICATION FOR BUILDING/ZONING PERMIT

Name of Owne	r:		N			
Address:	Address:			Phone:		
Name of Contra			F	Phone:		
Street Address	or Gene	eral Location of Prope	erty:			
Legal Description	on:	Lot(s):	Block:	Subdivision:		
Type of Work:	□ Fence		□ Accessory Building/Shed□ Sign□ Excavating (curb cutting)	□ Structurally Alter		
Subcontractors: Electric	Subcontractors: Electrical		Plumbing			
Water Supply:	□ City	☐ Rural Water (Rur	ral Water District approval requir	ed)		
		**************************************	ounty Health Department approv	,		
Zoning Lot Data: Fronta	age	feet Depth (Calculate width at re	feet Area square equired front yard setback line)	feet/acres		
Buil	ding Inf	ormation	Principal Structure/Us	se Accessory Structure/Use		
Width (feet)						
Depth (feet)						
Floors(number)/height (f	eet)					
Total Floor Area (square	feet)					
Total Lot Coverage (%)						
Dwelling Units (number)						
Surface Area of Signs (so	quare fee	t)				
Sign with largest area (so	quare fee	et)				
Maximum height of signs	(feet)					
Setback Information						
Front Yard (feet)						
Front/Side Yard (feet)						
(NOTE: Corner lots ha	ve two o	or more front yards.))			
Side Yard (feet)						
ATTACH SITE PLAN We he undersigned hereby certifies in the information provided on the same and	VITH The that: is form is consions of the etback lines to construct false statem	orrect. Zoning Regulations. , access controls, and other being head on the length of the length of the length of any fact material to the	ne issuance of the Permit, shall be considered in	an are accurately indicated.		
Owner Print Name				Date		
Signature						