

CODE ENFORCEMENT DEPARTMENT

RESIDENTIAL ZONING PERMIT APPLICATION

APPLICANT
Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
Fax: _____

PROPERTY OWNER
Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
Fax: _____

Job Address: _____

Building/Structure: (Deck, Shed, Detached Garage or Carport, Swimming Pool, Flag Pole, Gazebo, Cabana, Pergola, etc.)

Length: _____

Distance From:

Width: _____

Rear Lot Line: _____

Height: _____

Side Lot Line: _____

House (Including Porch or Deck): _____

Applicant Signature

Owner/Agent Signature

Printed Name of Applicant

Printed Name of Owner/Agent

OWNER (OR AGENT FOR OWNER) MUST SIGN THIS APPLICATION
TWO (2) COPIES OF PLANS MUST ACCOMPANY THIS APPLICATION
INCOMPLETE OR INCORRECT APPLICATIONS WILL BE RETURNED
DO NOT BEGIN WORK UNTIL PERMIT IS ISSUED

FOR OFFICE USE ONLY

Date Issued: _____

Permit #: _____

Fee Paid: _____

Approved By: _____