

**PLANNING & ZONING** 

Zoning Permit Ap	plication			
Applicant Name:			Phone:	
Property Owner (if applicab	le):		Phone:	
General Contractor:		Phone:	City License #:	
Address, Parcel Number, or	Property Description:			
	o rter cessory building		FOR OFFICE USE   Received:   Staff Initials:   Permit Number:	
Signature of Applicant			Date	
*All aj	oplications to be submitted	l must be typed or legibly	written in blue or black ink.	
Planning Approved Denied Reviewed by:	Conditions: Building Per	Title:	  Date:	
		inde.	<u> </u>	
Public Works Approved Denied	Conditions:			
Reviewed by:		Title:	Date:	

## **DEVELOPMENT SITE PLAN**

## Property Owner: \_\_\_\_\_

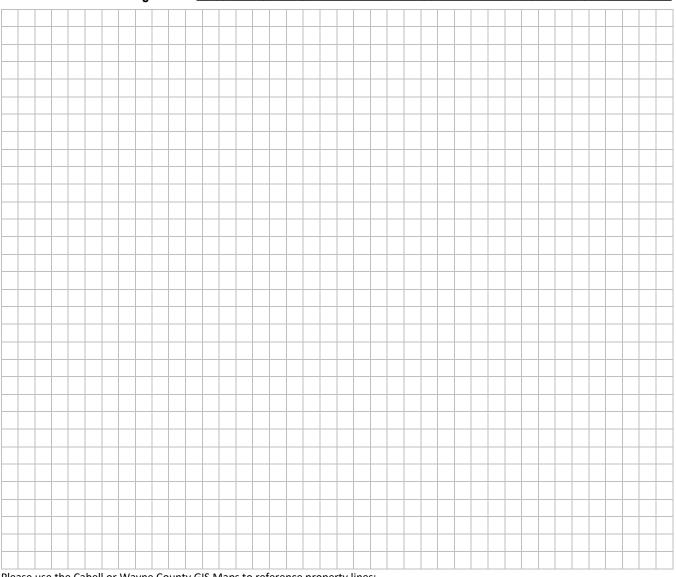
Site Address:

I, the undersigned, acknowledge this is a true and accurate representation of the proposed development to the best of my knowledge.

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

## Label and include:

- Property lines
- Location of existing structures on the • property
- Location and dimension of proposed structure(s)



Please use the Cabell or Wayne County GIS Maps to reference property lines:

Cabell County: https://agdonline.maps.arcgis.com/apps/webappviewer/index.html?id=b7a855c356b64d94bbfae33e8585b636 Wayne County: https://agdonline.maps.arcgis.com/apps/webappviewer/index.html?id=4559a85477a0499295d07ab6f17656a6

For office use			
Planning and Zoning Review	Public Works Review		
Approved	Approved		
	Denied		