



**ZONING PERMIT**  
**APPLICATION**

*All applications to be submitted typed or legibly written in blue or black ink.*

**Applicant:** \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_

**General Contractor:** \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 If not owner, License number: \_\_\_\_\_

**Address, Parcel Number, or Property Description:** \_\_\_\_\_

Type of Permit:

- Driveway / Parking Pad
- Enclosed Porch
- Deck / Porch / Stoop
- Carport
- Garage
- Fence, 6 feet or shorter
- Storage Building/Accessory building
- Other: \_\_\_\_\_

Application Checklist:

- Site Plan (see requirements)
- Construction Materials
- Cost of labor and materials: \$ \_\_\_\_\_

<b>For Office Use:</b> Received: _____ Staff Initials: _____
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\_\_\_\_\_  
**Signature of Applicant (include title if applicable) Date**

**FOR OFFICE USE ONLY**

**Public Works**

- Approved                      Conditions: \_\_\_\_\_
- Denied

Approver: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Planning**

- Approved                      Conditions: \_\_\_\_\_
- Denied

BP Required:     Yes                       No

Approver: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_