

TOWN OF MCADENVILLE
ZONING PERMIT APPLICATION AND ZONING PERMIT

Change of Principal Use _____
New or Enlarged Principal Structure _____
New or Enlarged Accessory Structure _____

PERMIT # P- _____ DATE OF APPLICATION _____

APPLICANT'S NAME _____

APPLICANT'S MAILING ADDRESS _____
_____ DAYTIME PHONE (_____) _____

PROPERTY LOCATION _____

TAX MAP AND PARCEL NUMBER _____

EXISTING ZONING _____

Length _____

Width _____

Area _____

Street _____

Frontage _____

TYPE OF BUILDING PROPOSED AND/OR PROPOSED USE _____

PROPERTY OWNER'S NAME _____

PROPERTY OWNER'S MAILING ADDRESS _____

RELATIONSHIP OF APPLICANTS TO PROPERTY OWNER _____

IF ACCESSORY STRUCTURE, CHECK PROPOSED YARD LOCATION.

Front _____ R-Side _____
L-Side _____ Rear _____

STRUCTURE REQUIREMENTS (Note: A separate application must be completed for each structure)

	Required	Proposed
Lot Area	_____	_____
Side Yard, Left	_____	_____
Side Yard, Right	_____	_____
Front Setback (From Road Right-of-way)	_____	_____
Building Height	_____	_____
Width at Building Height	_____	_____
Rear Yard Setback	_____	_____
Lot Coverage	_____	_____

COMMENTS: _____

3. TO THE BEST OF MY KNOWLEDGE, THIS APPLICATION IS ACCEPTED AND DEEMED COMPLETE.

SIGNATURE OF ZONING ADMINISTRATOR

DATE

(THE FOLLOWING SHALL BE FILLED OUT BY THE ZONING ADMINISTRATOR):

Based on the information hereby furnished to me and my knowledge of the McAdenville Zoning Ordinance, I hereby:

Approve

Disapprove

this Zoning Permit.

ZONING ADMINISTRATOR

DATE