



Planning & Building Services
Zoning Certificate Application
For 1- and 2-Family Construction

(Please Type or Print)

1. Property Address: _____

2. Tax Parcel Number: _____

3. Legal description: Lot, _____ Block, _____ Subdivision, _____

4. Owner of record: _____ Phone: _____

(Address) (City) (State) (Zip)

5. Applicant's Name: _____

(Address) (City) (State) (Zip)

(Office Phone #) / (Cell Phone #) / (E-mail Address)

6. The property is located in a(n) _____ zoning district.

7. The existing use(s) of this property are: _____

8. All the proposed use(s) for this property are: _____

9. Lot Size and Dimensions:

Property dimensions are: _____ feet, by _____ feet = _____ Square Feet.

10. Setbacks:

Front Yard: _____ Corner Side: _____ Interior Sides: _____ & _____ Rear Yard: _____

11. Size of Building:

Principal Building: _____ Number of Stories Width _____ Depth _____ Area _____

Ht. Above Grade _____

The applicant's signature below indicates the information contained in this application and on any accompanying documents is true and correct.

(Signature of Owner) / (Print name) / (Date)

(Signature of Applicant) / (Print name) / (Date)

To be completed by Planning & Building Staff:

Zoning Certificate: [] Approved [] Denied

By: _____ Date: _____

Certificate of Occupancy: [] Approved [] Denied

By: _____ Date: _____

Reason for Denial: _____