

# 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, 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

<p>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</p>
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FOR OFFICE USE ONLY

Date Issued: \_\_\_\_\_

Permit #: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Approved By: \_\_\_\_\_