

ZONING REVIEW APPLICATION

LOCATION	
Address	PPN
Zoning	PPN (if multiple)

CONTACTS	
PROPERTY OWNER / UTILITY COMPANY	APPLICANT / AGENT (IF NOT OWNER)
Name	Name
Firm	Firm
Address	Address
City/Zip	City/Zip
Phone	Phone
Email	Email

PROJECT – Contact Zoning Administrator to schedule Pre-Application meeting and/or coordinate submission						
PC-ABR Required (see 1111.02)	Fee	Deposit	Review by Zoning Administrator (see 1111.05)		Fee	Deposit
A New Construction	\$50	Varies	I	Accessory Structures < 200 SF	\$50	0
B Additions & Alterations	\$50	Varies	J	Accessory Use (Fence, Porch, Deck, AG Pool)	\$50	0
C Site, Landscaping, Parking, Lighting	\$50	Varies	K	A/C Unit or Generator (Rear Yard Only)	\$50	0
D Conditional Use – see 1115	\$50	Varies	L	Other		
E Protected Area - see 1167	\$50	Varies				
F Signage – see 1151	\$50	0				
G Zoning/Occupancy Certificate – see 1113	\$50	0				
H Other (Plats, etc...)	\$50	Varies				
Project Description:						
						Valuation of Work:

ACKNOWLEDGEMENT	
<p>I hereby certify that I am owner of the subject property, have read and understand the contents of this application, and that all information submitted herewith is complete, true, and accurate to the best of my knowledge. I acknowledge the procedures and requirements listed in Ch. 1111 and elsewhere in the City’s codified ordinances, and grant the City permission to access the property to observe conditions related to the project. If an Agent’s signature is provided, I authorize them to represent me. Approval is valid for twelve months following the date of approval per 1111.16.</p>	
Property Owner Signature & Date (Required)	Agent Signature & Date (if not property owner)

VARIANCE
Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
Date:

FOR CITY USE ONLY			
WORK SESSION	PRELIMINARY APPROVAL	FINAL APPROVAL	ZONING ADMINISTRATOR
PC <input type="checkbox"/> Yes <input type="checkbox"/> No ABR <input type="checkbox"/> Yes <input type="checkbox"/> No	PC <input type="checkbox"/> Yes <input type="checkbox"/> No ABR <input type="checkbox"/> Yes <input type="checkbox"/> No	PC <input type="checkbox"/> Yes <input type="checkbox"/> No ABR <input type="checkbox"/> Yes <input type="checkbox"/> No	APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No
Board Comments:			
Name	Name	Name	Name
Date	Date	Date	Date

App Date:	Amount Paid:	Receipt No.
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