

TOWN OF MT. JACKSON

Application Fee Paid _____

Date Filed _____

ZONING PERMIT APPLICATION

A zoning permit is required for any change in the use of land, buildings, or structures, and for the construction of a new building or structure or the reconstruction, enlargement, or alteration of any existing building or structure (signs, fences, etc.). Please answer the following questions in full:

NAME: _____

MAILING ADDRESS OF APPLICANT: _____

APPLICANT PHONE NO.: _____

ADDRESS OF PROPERTY TO BE WORKED ON: _____

OWNER OF PROPERTY TO BE WORKED ON: _____

OWNER'S PHONE NO.: _____

ZONING DISTRICT: _____ ESTIMATED COST: _____

DESCRIPTION OF WORK OR USE: _____

CONTRACTOR: _____

CONTRACTOR PHONE NO.: _____

START DATE: _____ EXPECTED COMPLETION DATE: _____

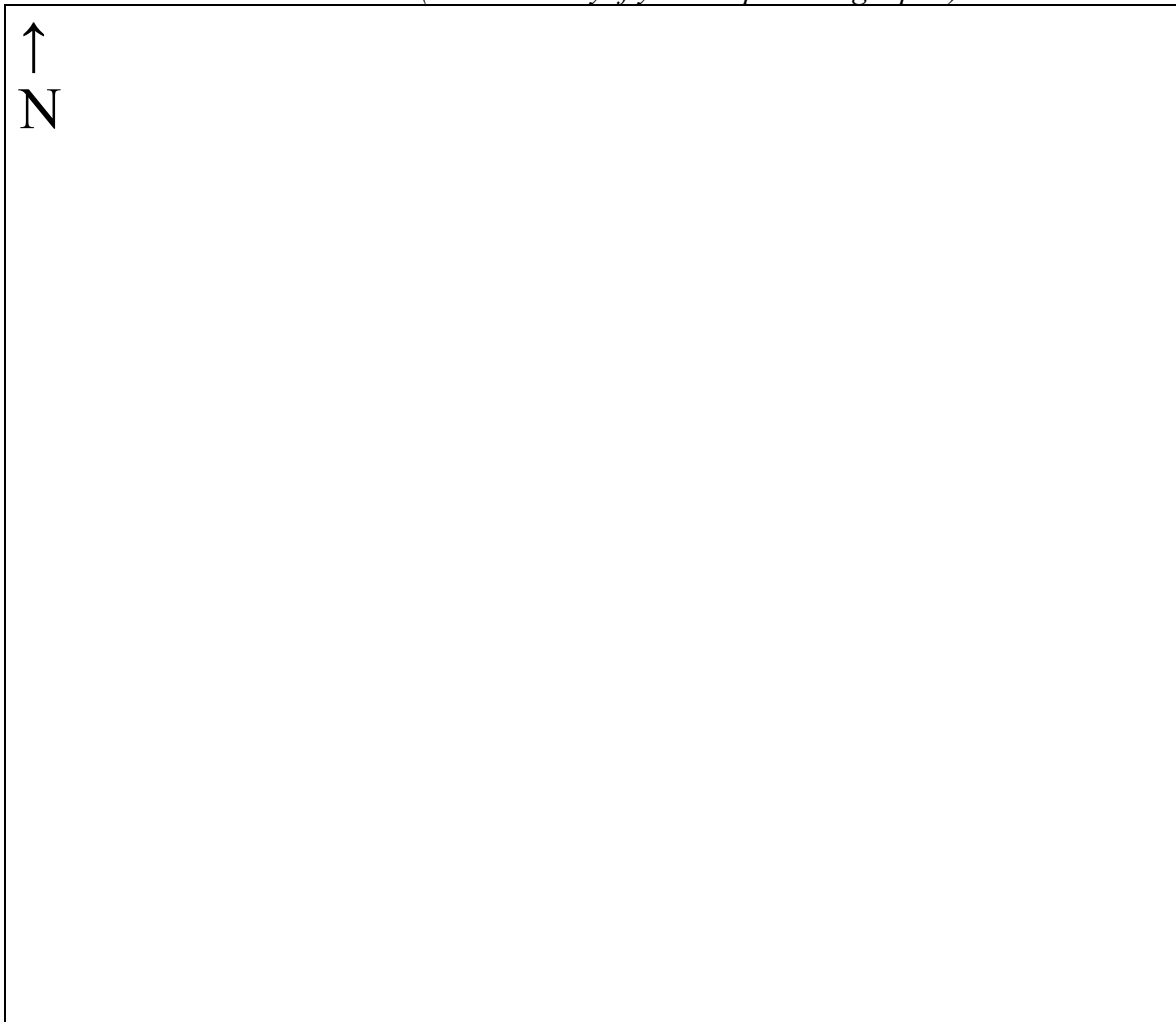
If requesting to establish a business in an existing structure, does the proposed location have public water & sewer? YES ___ NO ___ N/A ___

One of the easiest ways to provide most of this information is to provide us with the plat of your property that you probably received at settlement when you purchased it. This has nearly all the information we need. If you make a copy of it and draw the proposed new use right on it, preferably in blue ink (or a different color than the existing structure on the plat), we can attach it to the application and review it. If you do not have access to a copy machine, let us know and we will assist you.

If you cannot locate the plat or do not have a copy of it, then you may sketch in the space provided, or on an attachment, all existing **and** proposed structures, showing dimensions of all structures and distance to all property lines. Show right of way of any street or highway adjoining such parcel of land. For cases involving land disturbance, show drainage plan for properly distributing surface water. Also, give us any and all sizes of the following, regarding the property:

LOT SIZE: _____
CURRENT MAIN STRUCTURE SIZE: _____
SIZE OF OTHER STRUCTURES: _____
SIZE OF PROPOSED STRUCTURE(S): _____
OTHER NECESSARY MEASUREMENTS: _____

Work Sketch *(not necessary if you are providing a plat)*



I certify that all the foregoing information on this application is true and correct to the best of my knowledge. I further certify that if any mistakes in distances have been made as a result of my calculations, that these are not binding on the Zoning Administrator, but are mistakes made by the applicant and the applicant shall be responsible for said mistakes. As applicant/landowner, I understand that I am required to fully comply with all applicable Town ordinances and regulations.

Compliance with applicable or more restrictive subdivision covenants, if any, is the responsibility of the landowner or his agent and not of the Town of Mt. Jackson.

Signature of Applicant

Signature of Property Owner

**In cases where the applicant is not the property owner and there is question over who is applying for the changes to be made, get in contact with the Town Office. We will be glad to assist you.*

ZONING ADMINISTRATOR HAS 30 DAYS TO FINALIZE APPLICATION

TOWN USE ONLY

This application has been (approved/disapproved) on this _____ day of _____, _____ by _____, Zoning Administrator for the Town of Mt. Jackson in accordance with section(s): _____, _____, _____, _____ of the Mt. Jackson Zoning Code. Permit is valid for six (6) months from the date of approval.

Signature of Zoning Administrator

In accordance with Mount Jackson Town Code, Sec. 66-397(3): the applicant, if the request should be denied, has the right to make an appeal to the Board of Zoning Appeals.