



Fee Collected \$ _____
Receipt # _____
Date Received: _____

ZONING PERMIT APPLICATION
\$35.⁰⁰ Fee

APPLICANT MUST COMPLETE INFORMATION BELOW:

Owners Name: _____ Phone Number: _____

Address location: _____ Cell Number: _____

Applicant/Contractor: _____ Phone Number: _____

E-mail Address: _____

TYPE OF WORK:

_____ **Fence** Max. height 4 ft. in front; max. 6 ft. side/rear yards
Post and rails must face inside

_____ **Shed** 120 sq. ft. or less (if over 120 see building permits)
Color must be compatible with principal structure

_____ **Other** _____

- **Please attach a scaled site plan drawing showing the following: property lines, all existing structures, all proposed improvement and there setbacks from property lines or request a GIS overview of property.**

A permit must be approved and a signed copy received from the Zoning Department before any type of work can begin. Failure to complete the application will be subject fines as detailed in City Code Title 1-4-3.

Owner/Applicant's Signature

Date