



ZONING DISTRICT DESIGNATION

ADDRESS OF REQUEST

ADDRESS:	CITY:	STATE:	ZIP CODE:
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APPLICANT INFORMATION

NAME:			
ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE:	FAX:	EMAIL:	

DETAILS ON THE BUILDING OR PROPERTY IN QUESTION

ACCURATE INFORMATION MUST BE SUPPLIED IN ORDER TO DETERMINE THE EXACT LOCATION OF THE BUILDING OR PROPERTY IN QUESTION.

PROVIDE A DRAWING IF NECESSARY - DRAWN TO A SCALE OF ONE (1") INCH EQUALS FORTY (40') FEET, SHOWING THE SHAPE AND DIMENSIONS OF THE LOT TO BE BUILT UPON, THE EXACT SIZE AND LOCATION OF ANY BUILDINGS EXISTING ON THE LOT, THE LINES WITHIN WHICH THE PROPOSED BUILDING OR STRUCTURE SHALL BE ERECTED OR ALTERED, THE EXISTING AND INTENDED USE OF EACH BUILDING OR PART OF A BUILDING, THE NUMBER OF FAMILIES OR DWELLING UNITS THE BUILDING IS DESIGNED TO ACCOMMODATE, AND SUCH INFORMATION AS MAY BE NECESSARY TO DETERMINE COMPLIANCE WITH THIS ORDINANCE AND ALL OTHER PERTINENT INFORMATION.

NOTE: INFORMATION PROVIDED IS FOR INFORMATIONAL USE ONLY AND DOES NOT GRANT APPROVAL TO CONSTRUCT, ALTER, RENOVATE, ADD TO OR OCCUPY ANY STRUCTURE OR PREMISES.

FEE: \$15.00

SIGNATURE

THE UNDERSIGNED HEREBY REPRESENTS THAT, TO THE BEST OF HIS/HER/THEIR KNOWLEDGE AND BELIEF, ALL INFORMATION LISTED ABOVE IS TRUE, CORRECT, AND COMPLETE; AND THAT THE ATTACHED DRAWING CONTAINS THE REQUIRED INFORMATION.

OWNER OR APPLICANT SIGNATURE _____
DATE

OFFICE USE ONLY

PLEASE CONTACT THIS DEPARTMENT IF YOU HAVE ANY QUESTIONS COMPLETING THIS FORM AT 814-949-2465.

EMAIL: SMCMILLEN@ALTOONAPA.GOV