

CITY OF BURLINGTON

Date: _____ Permit No. _____

Zoning District: _____

APPLICATION FOR ZONING PERMIT

Name of Owner: _____

Address: _____ Phone: _____

Name of Contractor as Agent of Owner: _____

Address: _____ Phone: _____

Street Address or General Location of Property: _____

Legal Description: Lot(s): _____ Block: _____ Subdivision: _____

Flood Zone: Yes No

Type of Work: Construct _____ Structurally Alter _____ Move _____ Other _____

Existing Use: _____ Proposed Use: _____

Zoning Lot Data: Frontage: _____ Feet Width* _____ Feet
Depth: _____ Feet Area _____ Sq. Ft.

<u>BUILDING INFORMATION</u>	<u>Principal Structure/Use</u>	<u>Accessory Structure/Use</u>
Width (Feet)	_____	_____
Depth (Feet)	_____	_____
Floors (Number)/Height (Ft.)	_____	_____
Floor Area (Sq. Ft.)	_____	_____
Total Lot Coverage (%)	_____	_____
Dwelling Units (Number)	_____	_____

<u>SETBACK INFORMATION</u>		
Front Yard (Feet)	_____	_____
Front/Side Yard (Feet)**	_____	_____
Side Yard (Feet)	_____	_____
Rear Yard (Feet)	_____	_____

*Should be calculated at the required front yard setback line.

** Corner lots have two or more front yards.

VALUE OF STRUCTURE: \$ _____

PERMIT NO. _____

OTHER Permits Required: PLUMBING: : Paid Acquired
 ELECTRICAL: Paid Acquired
 TEMPORARY POWER: Paid Acquired
 OTHER _____ Paid Acquired

Water Supply: _____ Sewage Disposal _____

Number of Off-Street Parking Spaces Provided _____

Plot Plan of lot, structure(s), parking space(s), and driveway(s) attached: Yes No

The undersigned hereby certifies that: (1) They have read and understand the accompanying form entitled, "Instructions to the Applicant Filing for a Zoning Permit and/or Occupancy Permit"; (2) The information given herein is correct; (3) They agree to comply with all provisions of the Zoning Regulations; (4) All rights-of-way, easements, setback lines, access controls and other building or use restrictions as shown on a recorded plat or separate instrument are accurately indicated to scale on the attached plot plan; (5) Except for permitted grading, no construction has been initiated on the zoning lot; and (6) They understand that any Permit or Certificate issued upon false statement of any fact which is material to the issuance hereof shall be null and void. 7) A zoning permit shall become null and void 180 days after issue date. Prior to expiration date extension request must be submitted in writing to the Zoning Clerk.

 (Date) (Owner or Contractor's Signature)

Administrative Use Only

ZONING PERMIT

Amount of Zoning fee received: \$ _____ Other Permits: \$ _____ Receipt No. _____

Zoning Permit: Approved Not Approved _____ By: _____
 (Date) Zoning Administrator

Conditions of Approval Reasons for Not Approving : _____

____ This temporary permit is valid for 180 days from the date of approval and will be void with any violations of the temporary permit conditions or City of Burlington Zoning Regulations.

____ Property must be maintained as Agricultural for at least 180 days.

____ Construction of principal structure must be started before the construction of any accessory structures. (6.100.D.1)

____ Temporary dwelling shall be classified as a mobile home according to definition and comply with standards set forth in Zoning Regulations. (page 2-12 & 2-13)

____ Sanitation requirements shall be as required and set forth by the County Sanitation Officer.

____ The principal structure permit and construction must be started within 180 days of approval of the temporary permit date.

____ Temporary dwelling must be removed after the 180 days deadline.

____ Any request for extension must be submitted in writing no later than 14 days prior to the 180 day deadline to the Zoning Clerk.

cc: Applicant County Appraiser's Office County Sanitation Officer