

NAME: LAST/FIRST \_\_\_\_\_

DATE: \_\_\_\_\_ HEALTH DEPT: \_\_\_\_\_

HWY: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ **FEE: \$15.00** CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

LOT NO: \_\_\_\_\_

**APPLICATION FOR ZONING PERMIT  
Town of Charlotte Court House**

In the space provided, sketch all buildings and property lines, showing the distance to all property lines and roads.

Description of Building

\_\_\_\_\_ dwelling \_\_\_\_\_ width  
\_\_\_\_\_ mobile home \_\_\_\_\_ length  
\_\_\_\_\_ apartments \_\_\_\_\_ height  
\_\_\_\_\_ units  
\_\_\_\_\_ business  
\_\_\_\_\_ front \_\_\_\_\_  
\_\_\_\_\_ back \_\_\_\_\_  
\_\_\_\_\_ side \_\_\_\_\_  
\_\_\_\_\_ basement \_\_\_\_\_  
\_\_\_\_\_ 2<sup>nd</sup> story \_\_\_\_\_  
\_\_\_\_\_ accessory \_\_\_\_\_  
\_\_\_\_\_ garage \_\_\_\_\_

LOT SIZE \_\_\_\_\_ acres

**OTHER DWELLINGS ON PROPERTY**

ZONING \_\_\_\_\_

HWY

ZONING PERMIT

**CERTIFICATION**

I hereby certify that description of the land and the buildings is accurate to the best of my knowledge.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

BUILDER: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

APPROVED \_\_\_\_\_ REJECTED \_\_\_\_\_  
Under provision of Article \_\_\_\_\_ Section \_\_\_\_\_  
of the Zoning Ordinance

\_\_\_\_\_  
Administrator/Authorizer

\_\_\_\_\_  
Date