

APPLICATION FOR TOWN OF BEVENT ZONING PERMIT

Date: \_\_\_\_\_ Applicant Telephone Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tax Parcel ID Number: \_\_\_\_\_

Site Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Gov't Lot #: \_\_\_\_\_, \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4,

Section \_\_\_\_\_ T \_\_\_\_\_ N, R \_\_\_\_\_ E, Area \_\_\_\_\_ Acres

Subdivision/CSM # \_\_\_\_\_, Lot \_\_\_\_\_, Block \_\_\_\_\_

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SETBACKS:

- Highway \_\_\_\_\_ ft to centerline
Highway \_\_\_\_\_ ft to right-of-way
Town Road \_\_\_\_\_ ft to centerline
Town Road \_\_\_\_\_ ft to right-of-way
Left Side Yard \_\_\_\_\_ ft
Right Side Yard \_\_\_\_\_ ft
Rear Yard \_\_\_\_\_ ft

Purpose/Dimension/Square footage of Construction:

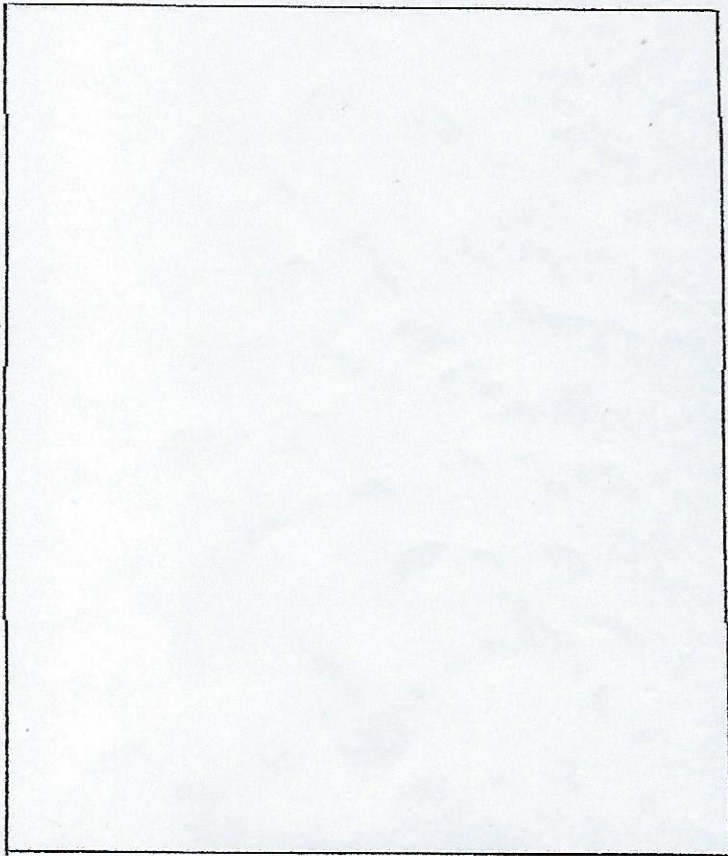
Market Value \_\_\_\_\_
Starting Date \_\_\_\_\_
Completion Date \_\_\_\_\_

CONTRACTORS:

Building \_\_\_\_\_
Electrical \_\_\_\_\_
Septic System \_\_\_\_\_
Well \_\_\_\_\_

FOR OFFICE USE ONLY:

Permit No. Issued \_\_\_\_\_
Date Issued \_\_\_\_\_
Permit Fee \_\_\_\_\_



NORTH

W
E
S
T

E
A
S
T

SOUTH

I, the undersigned property owner hereby apply for a zoning permit for the construction or alteration described and located as shown herein and agree that all work shall be done in accordance with the requirements of the Town of Bevent Zoning Ordinances and the statements of this application and agree that this permit may be revoked and work halted if not in compliance with this ordinance.

APPLICANT SIGNATURE \_\_\_\_\_

ZONING PERMIT ADMINISTRATOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_