ZONING APPLICATION

Permit No. _____

Receipt No. _____

PERMIT TYPE ☐ Improvement Location Permit ☐ Site Plan ☐ Sign Permit

APPLICANT / CONTRACTOR INFORMATION

Name _____ Email _____ Phone No. _____

SITE INFORMATION

Property Owner _____ Email _____ Phone No. _____

Mailing Address _____ City _____ State ____ Zip Code _____

Site Address _____ Sec. ____ Twp (#) _____ Rng ____ Acreage _____

Parcel No. _____ Zoning ____ Subdivision _____ Lot ____

Existing Utilities *(Select all the Apply)*

☐ Sewer ☐ Septic ☐ Public Water ☐ Well ☐ Cistern

Existing Use ☐ Vacant ☐ Residential ☐ Other: _____

PROPOSED IMPROVEMENT(S)

Description of Project _____

Proposed Utilities ☐ Sewer ☐ Electric ☐ Public Water

Proposed Square Feet _____ Proposed Height _____ Proposed Use _____

STAFF SECTION

Property in a Special Flood Hazard Area (SFHA) ☐ Yes ☐ No

Proposed improvements within 100 feet of an SFHA ☐ Yes ☐ No

FIRM Map No. _____ Base Flood Elevation _____

Comments / Conditions of Approval	Required	**Additional Approval**	Received
		Utility	
		Landscaping	
		BZA / PC	
New Address		Flood / Environmental	
		Highway / INDOT	
		Other _____	

As an applicant, I authorize that I have a legal right to perform proposed improvements and certify that this application and accompanied plans are submitted in accordance with the Town of Dillsboro Code of Ordinances, including the Zoning Ordinance and Subdivision Control Ordinance. I understand that I have no more than ninety (90) days to complete this permit request and acknowledge that incomplete or inaccurate information submitted on my behalf may result in the delay or denial of this application. I hereby grant permission for the Town staff to enter onto the premises to inspect this site to process and complete this permit request.

X _____ *Applicant's Signature* *Date*

X _____ *Town Official Signature* *Date*