CITY OF LAKE SHORE ZONING PERMIT APPLICATION

PERMIT #	
APPLICANT NAME	PHONE #
ADDRESS	ZIP
LEGAL DESCRIPTION OF PROPERTY	
PROPERTY IDENTIFICATION #	, SECTION
CONTRACTOR NAME & LICENSE	
PF	ROPOSED IMPROVEMENTS
PURPOSE OF IMPROVEMENTS	
	NTS (INCLUDE DIMENSIONS)
BUILDING LINE WIDTH	BUILDING LINE SETBACK
SIDEYARD SETBACK,	REAR/STREET SETBACK
LOT AREAlAKE/STI	REAMCLASSIFICATION
DOES THE PROPERTY CONTAIN A BLUF	F OR ANY WETLANDS?
WILL THE PROPOSED IMPROVEMENTS I	REQUIRE DIRT MOVING AND IF SO HOW MUCH?
SANIT	CARY FACILITY INFORMATION
ON-SITE DATE OF INSTALLATION_	MUNICIPAL SEWER
CERTIFICATE OF COMPLIANCE REQUIR	RED?SITE EVALUATION REQUIRED?
IF REQUIRED, WAS VARIANCE OR COND	DITIONAL USE PERMIT APPROVED?
VALUATIONFEE	PAID
DATESIGNAT	TURE OF APPLICANT
DATE SIGNAT	TURE OF ZONING OFFICER