

## **ZONING/ACCESSORY USE PERMIT**

	Permit Number				
Location of Project:					
Applicant's Name:					
Applicant's Address:	Street		City	State	Zip
Applicantle Dhane No.					
Applicant's Phone No.:		Bee	es		
Proposed Use:	☐ Change of Use	☐ Chickens ☐			
	Mooncrest Historic Overlay	Other (Specify)			
	(MCHO) Certificate of Compliance  Shed under 250 Square feet	☐ Deck under 30 inches			
Property Information	ı:				
Zoning District:	County Lot & Block	No.:	Lot Size:		
Owner's Name:					
Owner's Phone No.:		Email:			
Owner's Address:	Street		City	State	Zip
Zoning Setbacks (the	e distance between the structure a	nd the property lines):			
Front Yard:	Rear Yard:		Left Side	):	
Project Description:					
part of this application as permit conditions and ins for any fees incurred in re the property for inspectin	reby certifies that the statements made here true and correct. The Applicant/Owner suring compliance to all applicable codes a elation to the above project. The Applicaning the work permitted and posting notices. and I have been authorized by the Owner	shall be responsible for rev and ordinances. The Applica t/Owner grants Moon Towns As Applicant, I hereby certif	riewing and fully nt/Owner shall a ship Officials the y that proposed	understa also be res right to e work is al	anding all sponsible enter onto
Applicant/Owner's Signa	ature:		Date:		