APPLICATION FOR ZONING PERMIT
City of Garfield

Community Development:

Zoning Division Date_____

IS THIS AN UPDATE TO A PREVIOUSLY SUBMITTED APPLICATION ? ____ YES ____ NO

If Yes, Zoning PermitNo: _____

Block_____ Lot _____ Zone _____

Work Site Location _____

Property Owner _____

Address of Owner _____Phone No _____

Existing Use _____Proposed Use _____

Description of Work_____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent and we agree to conform to all application laws of this jurisdiction.

_____ _____ _____ _____

Signature Address Telephone Fax

Name of the Applicant: _____

Submitted: -------Three Plot Plans showing existing building(s) and proposed building(s) including the front,side and rear setbacks .

-------One (1) copy of the Home owners Association approval .

-------Site Plan Waiver with required Check List.

-------Construction Permit

VARIANCE : Approval Date _____ File # _____

Check One : _____ Corner Lot _____ Inside Lot

Setbacks

Front _____ Rear _____ Smallest Side _____ Aggregate _____ Second Front _____

Ground Floor Area: Existing _____ Proposed _____ Total _____ Sq.ft.

Sq.Ft. of Lot _____ Percentage of Lot covered by bldg. _____ Height _____

Swimming pool distance from : Foundation Wall _____ Side _____ Rear _____

Fencing : Type _____ Height _____ Location _____

This application is _____ Approved _____ Denied _____ Denied _____

Application Fee : _____ Application # _____

Recieved : Cash/Check _____ Const Control # _____ Voucher # _____

_____

Robert Schultz, Zoning Officer