

TOWN OF SPARTA

APPLICATION FOR ZONING COMPLIANCE PERMIT

DATE: _____

Permit No.: _____

The undersigned applies for a Zoning Permit for the following use. Said permit to be issued on the basis of the information contained within this application. The application hereby certifies that all information and attachments to this application are true and correct.

Property Owner: _____

Address: _____

Home Phone: _____

Lot Size: _____ FT. _____ FT.

Property Address: _____

Subdivision Name: _____

Tax Map Number: _____

OCCUPANCY:

_____ One Family

_____ Two Family

_____ Multiple Family

_____ Other

_____ Car Garage

_____ Attached _____ Detached

_____ Private Storage

TYPE OF PERMIT REQUESTED:

DISTRICT:

_____ Erect _____ Change A Use _____ Swimming Pool

_____ Sign _____ Site Work

_____ Add. _____ Alteration

_____ New Construction _____ Accessory Building

Bldg. Height: Stories: _____ Feet: _____

_____ A/R Ag Residential

_____ HR Highway Residential

_____ LI Light Industrial

_____ C Commercial

_____ F Flood Hazard

NOTE: This permit shall be void if work is not started within **90 DAYS** and substantially completed within (1) year.

SIGNATURE: _____ DATE: _____

(FOR OFFICIAL USE ONLY)

Flood Plain: _____ YES _____ NO

Permit was: _____ Approved

Site or Plot plan submitted: _____ YES _____ NO

_____ Denied

Is this allowed in the District proposal _____ YES _____ NO

_____ other

Date Received: _____

Fee paid: _____

Date of Action of application: _____

If application denied, reason for denial:

Code Enforcement Officer:
