

JURISDICTION / VERIFICATION FORM [Not a permit]

Applicant _____ Date ____/____/____
 Mailing Address _____ Phone (____) ____-____
 City _____ State _____ Zip Code _____

Property Owner _____

Property Address _____ S.R. # _____
 Subdivision/Mobile Home Park _____ Lot # _____ Township _____

Tax Map/Block/Lot No. ____/____/____

PROPOSED DEVELOPMENT / USAGE

New	<input type="checkbox"/>	Residential	<input type="checkbox"/>	Primary	<input type="checkbox"/>	Construction	<input type="checkbox"/>	Subdivision	<input type="checkbox"/>
Existing	<input type="checkbox"/>	Single-Family	<input type="checkbox"/>	Accessory	<input type="checkbox"/>	Addition	<input type="checkbox"/>	M H Park	<input type="checkbox"/>
		Multi-Family	<input type="checkbox"/>			Relocation	<input type="checkbox"/>	Camp Ground	<input type="checkbox"/>
		House	<input type="checkbox"/>			Replacement	<input type="checkbox"/>		
		M H	<input type="checkbox"/>			Repair	<input type="checkbox"/>		
		Business/Commercial	<input type="checkbox"/>						
		Industrial	<input type="checkbox"/>						
		Other	<input type="checkbox"/>						

Explain _____

County City _____ Extra Territorial Jurisdiction [ETJ]: Y / N

=====**Do Not Write Below This Line**=====

ZONING JURISDICTION

Zoning Classification _____
 Census Tract _____ Watershed: Y / N Watershed Class _____ Critical Area: Y / N
 Flood Plain: Y / N FEMA Panel # _____ Municipal: Water Y / N Sewer Y / N
 Lot Size/Acreage _____ Minimum Required Lot Size _____ Density _____

REQUIRED SET BACKS

[From Property Line or Right of Way]

Principle Building Set Back: Front _____ Side _____ Rear _____ Width At Building Line _____
 Accessory Building Set Back: Rear _____ Side _____

ZONING RESTRICTIONS

COMMENTS

PRELIMINARY ZONING APPROVAL Y / N

_____/_____/_____
 APPLICANT DATE OFFICIAL REPRESENTATIVE DATE