



Hoy Inspection Service LLC

ID # _____

ZONING PERMIT APPLICATION

Permit # _____

Please Complete in Full, All Pages

1. APPLICANTS NAME: _____ PHONE: _____
ADDRESS: _____ EMAIL: _____

NAME & ADDRESS OF OWNER: _____
(If other than applicant)
APPLICANT'S SIGNATURE: _____ DATE: _____

2. NAME OF MUNICIPALITY: _____
SITE ADDRESS: _____
TAX MAP PARCEL NUMBER: _____
EXISTING USE: _____ FLOODPLAIN DISTRICT: _____

3. TYPE OF USE
A: TYPE OF ACTIVITY B: PROPOSAL USE-RESIDENTIAL C: PROPOSED USE – NON-RESIDENTIAL
____ NEW BUILDING ____ SINGLE FAMILY DWELLING ____ COMMERCIAL ____ SIGNAGE
____ ADDITION ____ MULTI FAMILY (# OF UNITS) ____ INDUSTRIAL
____ ALTERATION ____ MANUFACTURED HOME ____ INSTITUTIONAL
____ RELOCATION ____ GARAGE OR CARPORT ____ RECREATIONAL ____ HOME OCCUPATION
____ CHANGE OF USE ____ OTHER _____ ____ HOME BUSINESS ____ OTHER

EXPLAIN IN DETAIL, THE PROPOSED WORK TO BE DONE IN ALL USES, USE EXTRA PAPER IF NEEDED:

4. STRUCTURAL CHARACTERISTICS AND DIMENSIONS FOR PROPOSED IMPROVEMENT (PARTA-C TO BE COMPLETED)

A: BUILDING AND YARD DIMENSIONS (EXTERIOR)

LENGTH AND WIDTH OF STRUCTURE __ FT X __ FT TALLEST EXTERIOR POINT __ FT
TOTAL LOT AREA: ____ ACRES TOTAL SQ FT OF FLOOR AREA _____
FRONT YARD __ FT (RIGHT OF WAY TO BUILDING LEFT SIDE YARD __ FT (BUILDING TO PROPERTY LINE)
RIGHT SIDE YARD __ FT (BUILDING TO PROPERTY LINE) REAR YARD __ FT (BUILDING TO PROPERTY LINE)

B: STRUCTURAL & SITE INFORMATION

FLOOR PLANS SUBMITTED __ YES __ NO # OF STORIES ____ # OF BEDROOMS ____
SQ FT OF UNFINISHED BASEMENT AREA ____ # OF BATHROOMS ____
% BASEMENT UNFINISHED ____ GARAGE ____ RECREATION ____
LOT COVERAGE AS IMPERVIOUS PERCENTAGE ____ BUILDING % OF LOT ____ ALL SURFACE % OF LOT ____
AQUATIC BUFFER MIN 50' ____ WOODLAND BUFFER __ YES __ NO DRIVEWAY SLOPE OF __ %

C: SUPPORT INFORMATION (ATTACHED AS NEEDED)

SEWAGE DISPOSAL ____ WATER SUPPLY ____ FLOODPLAIN CERTIFICATE ____
E&S PLAN (OVER 5000 SQ FT) NPDES PERMIT (OVER 1 ACRE) ____ WILL SERVE LETTER ____
OF OFF-STREET PARKING SPACES ____ EXISTING ____ PROPOSED

5. CONSTRUCTION INFORMATION

ESTIMATED COST OF CONSTRUCTION \$ _____ ESTIMATED DATE OF COMPLETION _____
CONTRACTOR NAME _____ PHONE _____

APPLICANT ACKNOWLEDGES ALL INFORMATION IS CORRECT AND ACCURATE TO THE BEST OF THEIR KNOWLEDGE. APPLICANT AGREES NOT TO INITIATE THE PROPOSED PROJECT UNTIL A MUNICIPALLY-ISSUED PERMIT IS OBTAINED. A LOCATION SKETCH SHALL BE DRAWN ON THE NEXT PAGE OF THIS APPLICATION



LOCATION SKETCH – USE ADDITIONAL PAGES IF NEEDED

[Empty box for location sketch]

INSTRUCTIONS – THE LOCATION SKETCH SHOULD SHOW/NOTE SCALE AND NOTE EXISTING AND PROPOSED ITEMS.

1. The relationship of the lot to adjoining properties and roads (provide route number or name)
2. The location of the building on the parcel, the dimensions of the lot line, approximate location of water & sewer
3. The location of any other major lot features: driveways, garage, existing structures, streams, woods, etc.

FOLLOWING SECTIONS TO BE COMPLETED BY ZONING OFFICIAL

APPLICABLE ORDINANCES AND CODES (CHECK APPROPRIATE SPACES)

ZONING CONFIRMING NONCONFORMING SIGN TEMPORARY SUBDIVISION SEWAGE
 FLOODPLAIN DRIVEWAY BUILDING CODE TAX PARCEL _____
 ZONING DISTRICT _____
 COMMENTS _____

DISPOSITION ACTION APPROVED DISAPPROVED PERMIT FEE AMOUNT \$ _____
 ZONING OFFICIAL _____ DATE OF ISSUANCE _____
 REASON FOR DENIAL _____

ZONING HEARING DATE _____
 REQUEST _____

BOARDS DECISION GRANTED DENIED
 ORDER _____ DATE OF ISSUANCE _____

NOTICES: Issuance of this permit may be appealed by any aggrieved party within 30 days of the date of issuance. Completions and submissions of this application shall not relieve the applicant from obtaining such permits as required by other local, county, state or federal regulations or laws. Supplemental forms may be necessary for floodplain management requirements. Structure may be required to be certified prior to occupancy or use. Any change of plans must be first approved by the Zoning Official.

