File No.:	
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Land Use Permit

Application

1.	Property owner	:					
2.	Site address:						
	Section:	_ Township:	Range:		Block:	Lot/Tract/Parcel:	
	Subdivision/COS	#/ Deed Reference	:				
	DOR/Geocode #	: <u>06</u>			_ Lot Area	a: acres, or	sq. ft.
3.	Zoning District:			_ Sub	district (Z	oning Designation):	
4.	Is this application	on in response to a	etter from the (Complian	ce Depart	ment? YES NO	
5.	Is there a corres authorizes the s				or Building	gs for Lease or Rent approval t	hat
	If yes, what is th	e permit number? (e.g., Z2024-444;	list all a _l	oplicable p	ermits)	
	If yes, have all co	onditions of approva	al been met?] YES (at	tach proof	i) NO (attach narrative exp	lanation)
c	VA/hat is the acti		a of construction	•3 (not in	oludina la	nd cost):	·
6.	what is the esti	mateu market valu	e oi constructioi	ir (not in	iciuuing iui	na cost)	
7.		ng structure(s) on tl ting structures belov		-		ow)	sary.
	Structure	Use of Stru	cture Foo	quare tage of ucture	Date Built	OFFICE USE ONLY – Existing LUP/CUP/Variance?	App. #
8.	(If yes, you may professional sho	wing the developme	nit a copy of the cent activity is out	approprie t of the fl	ate floodpl oodplain, (O lain map, documentation from o or a copy of the approved flood submitting a Land Use Permit.)	
9.		kimum existing slop \square 10-14.9% \square	e underneath th	ne propo 25%+		site? known	
	If unknown, des	scribe the site:					

10.	Structure(s) proposed: Check all that apply. If more than one structure is proposed, please complete sections 10-12 for each structure and attach additional pages as necessary.
	 Single-family residence Multi-family residence Commercial/industrial building(s) Addition onto an existing structure Other (home-based business, fireworks stand, guest house, etc.), describe:
	Complete for all proposed structures:
	Number of bedrooms: Total square footage of floor area: Total square footage of impervious surface: Height (according to zoning district definition of structure or building height): Pitch of main roof: Foundation type: Use of structure: Permanent Temporary If temporary, list date of removal: Condominium exemption required/proposed? YES NO Will any portion of the structure be used as a short-term rental? (e.g., rented out for periods less than 30 days, or as described in zoning regulation) YES NO
	Number of structures: Number of units:
	Will the units/structure(s) be rented or leased? \square YES \square NO
	Number of bedrooms per unit:
	Square feet of living space per unit:
	Describe use of structure(s) and/or units:
	If you selected Addition onto an Existing Structure above, please complete the following:
	What type of structure will the addition be added to?
	☐ Single-family residence ☐ Multi-family residence ☐ Commercial/industrial building ☐ Other (please describe):
	Square footage of addition:
	Use of addition:

11. Zoning Setbacks. Setback measurements are **always required**. Complete the setback table below for each proposed structure/addition and attach additional pages as needed. **Ensure that the setback measurements provided in the table below match the measurements provided on the site plan**. Failure to provide accurate and complete setback information may delay the review process.

	Actual Measurement to Outer Wall of Structure	Actual Measurement to Eaves/overhang of Structure	Setback Distance Required by Zoning Regulation	OFFICE USE: Setbacks Compliant with Zoning?	OFFICE USE: Setbacks Match Site Plan?
Front Property Line					
Rear Property Line					
Side Property Line 1					
Side Property Line 2					
Watercourse					
Irrigation ditch					
Other feature that requires setback					

Septic/Sewer System (complete one): \Boxequation \text{No Septic/Sewer Connection Needed (Because structure is unplumbed)} \Boxequation \text{Septic System (Attach a copy of the 2-page Authorization to Construct approval from the Gallating Health Department)} \Boxequation \text{Permit Number:} \Boxequation \text{How many living units are approved?:} \Boxequation \text{Structure will be connected to} \Boxequation \text{Structure will be connected to} \Boxequation \text{Structure will be connected to} \Boxequation \text{Structure of Subdivision Approval}} \Boxequation \text{Other method of sanitation/sewer service, describe and attach applicable approvals:} \Boxequation Site Inspection (We will conduct site visit unannounced unless a request for an appointment is made and the site of t	
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Other relevant information we should know prior to site visit or about the application in general:	
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Property owner nam	e:	
Address:		
City:	State:	Zip:
Phone:	Email:	·
Authorized agent or	representative name:	
	Ctata	Zip:
City:	State	
By signing this agree permission from the proauthorized agent hereby and that the proposed	AGREEMI ement, any authorized agent of the property owner to sign on their of the property owner that the information of the property owner that the property owner th	IENT or representative hereby certifies they have behalf. Additionally, the property owner and/orn submitted in this application is true and correcance with the approved plans and in compliance

13. Contact Information. Please identify the primary contact using one or both check boxes below. The primary