

CITY OF FORSYTH
APPLICATION FOR ZONING COMPLIANCE
DESIGN REVIEW -- CERTIFICATE OF APPROVAL

CONTACT INFORMATION: (Please print)

NAME _____ PH _____

ADDRESS _____ FAX _____

CITY/STATE/ZIP _____ CELL _____

OWNERSHIP STATUS: Signed OWNER _____

Signed AGENT _____ (If not owner, attach letter of authorization)

Application requirements (See Zoning Code Articles 26 & 27):

Design Review Requirements (Sec 26.10): Elevation drawings with color and material samples; Photographs (as required); Site plan and landscaping plan 11 x 17 in. to 24 x 36 in.(architect or engineer seal required); additional info as required. Multi-family dwellings and commercial submit **6** copies. Single family detached dwellings/accessory buildings require only site plan (seal not required).

SITE INFORMATION:

NUMBER/STREET _____

MAP # _____ PARCEL # _____ LOT# _____ ZONING DISTRICT _____

REASON FOR REQUEST/USE _____

NAME (if business, subdivision, etc) _____

NOTE: Refer to Zoning Ordinance to establish zoning compliance. Erosion control measures, if required, must be followed. A pre-construction meeting must be held prior to permitting.

PERMITS/CONTACT (if required): PUBLIC WORKS 478-994-7623 ELECTRIC 478-994-2444 STREETS 478-994-2381 WATER/SEWER 478-994-3423 FIRE 478-994-2040
HEALTH (SEPTIC) 478-992-5082 EROSION/SEDIMENTATION 478-994-2040 OTHER _____

-----Office use only below this line -----

**Zoning Compliance/Design Review (IS IS NOT) APPROVED AND
VALID FOR ONE (1) YEAR FROM THE ISSUE DATE BELOW.
THIS FORM MUST BE SUBMITTED TO BUILDING DEPT. FOR
BUILDING PERMITS.**

DATE RECD ___/___/___ DATE COMPLETE ___/___/___ FEE _____

(IF REQUIRED) DESIGN REVIEW ___/___/___ _____

ISSUING AGENT _____ DATE ISSUED ___/___/___

(Zoning Officer)

File Number _____

(Revised 12/7/07)