



**ZONING COMPLIANCE APPLICATION
DESIGN REVIEW - CERTIFICATE OF APPROVAL**

CONTACT INFORMATION

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ Cell: _____

OWNERSHIP STATUS

Owner Signature: _____
Agent Signature: _____ *(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:

Address: _____ City: _____ State: _____ Zip Code: _____
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.

PERMIT/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 _____		

FOR OFFICE USE ONLY

Zoning Compliance/Design Review: IS APPROVED 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 Received: _____ Date Complete: _____ Fee: _____

(If Required) Design Review Date: _____

Issuing Agent: _____ Zoning Officer _____ Date Issued: _____

File Number: _____