

**MITCHELL COUNTY ZONING APPLICATION**

Date: \_\_\_\_\_

Application Submitted By: \_\_\_\_\_

Home Address: \_\_\_\_\_

Address or Parcel Number Where Building Will Be Constructed: \_\_\_\_\_

Phone Number of Applicant: \_\_\_\_\_

Purpose: \_\_\_\_\_ To Build    \_\_\_\_\_ To Alter    \_\_\_\_\_ To Occupy

Building on the following: Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Type of Building or Improvement Proposed: \_\_\_\_\_

Size of the Lot (in entirety): \_\_\_\_\_    Size of the Lot for Building: \_\_\_\_\_

Structure will be set back \_\_\_\_\_ feet from the right of way (road).

Structure will be set back \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ from the sides of the lot line.

Occupancy Use: \_\_\_\_\_

Type of work: \_\_\_\_\_ New Build    \_\_\_\_\_ Alteration    \_\_\_\_\_ Addition

Number of Families to Occupy Structure: \_\_\_\_\_

Type of Sanitary Disposal to be used: \_\_\_\_\_

Septic System Permit Number (For County Sanitarian to Fill Out): \_\_\_\_\_

The undersigned applicant certifies under oath and the penalty of perjury that the information on this form is true and correct.

\_\_\_\_\_  
Applicant, Owner, or Agent Signature

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Mitchell County Zoning Administrator Signature: \_\_\_\_\_