

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: _____