

TAX MAP # _____
CLARKE COUNTY
ZONING PERMIT



APPLICANT: _____ DATE: _____

MAILING ADDRESS: _____ TEL : _____

OWNER'S NAME: _____

THE PURPOSE OF THIS PERMIT: () BUILD () ENLARGE () REMODEL () OTHER

SIZE OF STRUCTURE: _____ CONTRACTOR: _____

PROPOSED USE OF STRUCTURE: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY

DESCRIPTION OF STRUCTURE AND/OR USE: _____

STREET ADDRESS: _____ ZONING: _____
_____ HIST. DIST.: _____

MIN. REQUIRED SETBACKS FRONT: _____ SIDE: _____ REAR: _____

SETBACKS PROVIDED F _____ LS _____ RS _____ R _____

SITE PLAN? _____ WATER/SEWER TAPS? _____

FLOOD PLAIN ? _____ EASEMENTS ? _____

CONDITIONS: _____

ZONING PERMIT IS HEREBY: () GRANTED () DENIED
FOR THE STRUCTURE AND/OR USE DESCRIBED HEREIN.

ZONING ADMINISTRATOR: _____ DATE: _____
FEE: _____ CHECK #: _____