



ZONING COMPLIANCE PERMIT APPLICATION

Applicant _____ Phone _____

Email _____

Address _____ Zip _____

Owner _____ Phone _____

Address _____ Zip _____

Email _____

Location of Property:

Legal Description:

Zoning District: _____

Contractor Information:

Business Name: _____ Contractor Name: _____

Phone: _____ Email: _____

Address of Business: _____

On-site Supervisor Contact: Name: _____ Phone: _____

Construction Activity:

Estimated Time frame of Construction:_____

Square footage of structure:_____

Construction plan, Site Plans, Set Back Information, and/or Blueprint Attached __

Actual Setbacks:

Front yard:_____ ft; Left Side Yard: _____ft; Right Side Yard: _____ft; Rear Yard: _____ ft

Contractor Liability/Insurance/Worker's Compensation Forms Submitted to Village: __

Sewer Hookup Required: Y__ N__ (Fee: _____)

Department of Natural Resource Approval of Septic:_____

Performance Bond Information:_____

Will You Require a Business License:Y__N__

Projected Height of Structure:_____

Intended Use of Property:_____

Lot Coverage: Lot Dimensions, Plat, Survey included: Y:__ N:_____

Parking Plans Included: Y:_____ N:_____

I have received and reviewed the Zoning Ordinance of the Village of Indian Point, Missouri, and agree to comply with Use Regulations pertaining to the zoning district indicated above.

Applicant:

Signature: _____

Date: _____

Name & Title _____

Contractor:

Signature: _____

Date: _____

Name & Title _____

Cost of Permit for Commercial: (Sqft. X \$.25 = Cost of Permit)Minimum \$200:_____

Cash__ Check__ (Check # _____) Credit Card _____

Commence Work Date _____

For Official Use Only:

Permit/Case Number _____

Date Approved _____

Code Enforcer Set-backs confirmed: Y:__N:__ Date of Inspection:_____

Issues:_____

No Issue/Issues Resolved: Signature:_____ Date:_____ Planning & Zoning Administrator

Date Permit Returned/Work Completed _____