

ZONING PERMIT APPLICATION

ZONING PERMIT #: 2024-1103

NOTE: This application must be filled out completely and all components of submission requirements must be met before the application can be accepted and scheduled for review/hearing. **ZONING ACTIVITY:** □ New Construction □ Alteration/Repair □ Addition ☐ Sign (See Spec sheet) (Check all that apply) □New Tenant/Use ☐ Change of Use □ Relocation Haymarke Andrias NAME OF BUSINESS/APPLICANT: Size (Sq. Ft./Length) of Construction: 2400 54F1 PROPOSED USE: **SITE ADDRESS:** Parcel ID #: Subdivision Name: Lot Size: \square R-1 \square R-2 \square B-1 \square B-2 \square I-1 \square C-1 ZONING DISTRICT: Special Use Permit Required: ☐ Yes ☐ No Site Plan Required: ☐ Yes ☐ No Spaces Required: ______ Spaces Provided: ___ Off-street Parking: BRIEF DESCRIPTION OF ACTIVITY: (i.e. previous use, height/length of fencing, deck specs, etc.) Planters Looking for approved Patio 005 Entrance Supporting Documentation (attached): ☑ Narrative ☐ Plan/Plat ☐ Specification Sheet FEE: ☐ \$25.00 Residential ☐ \$50.00 Commercial CERTIFICATE OF APPROPRIATENESS ADDITIONAL DESCRIPTION: (i.e. color, type of material, font style, etc. See Sign Spec Sheet for Signage detail) wood 6 ft hall \$ 10-12 ft with Supporting Documentation (attached):
Specification Sheet
Photograph(s) PERMIT HOLDER INFORMATION PROPERTY OWNER INFORMATION ices Name Name

APPLICANT /	PROPERTY OWNE	R SIGNATURE	*****REQUIRED*****			
foregoing app and as shown and any add	lication and that the on the attached platitional restrictions or the Fown Council of	information provided her , plan and/or specification	property Owner Signature			
OFFICE USE ONLY						
Date Filed:		Fee Amount:	Date Paid:			
DATE TO ZO	ONING ADMINIS	STRATOR:				
□APPROVED	□DISAPPROVED	□TABLED UNTIL:	DEFERRED UNTIL:			
CONDITIONS:		SIGNATURE	PRINT			
DATE TO ARCHITECTURAL REVIEW BOARD (ARB):						
□APPROVED	□DISAPPROVED	□TABLED UNTIL:	DEFERRED UNTIL:			
CONDITIONS:		_ SIGNATURE	PRINT			
DATE TO TOWN COUNCIL (IF APPLICABLE):						
□APPROVED	□DISAPPROVED	□TABLED UNTIL:	DEFERRED UNTIL:			
TOWN COUNC	IL {where required):	SIGNATURE	PRINT			

SIGN SPECIFICATION SHEET

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<u>SIGN 1:</u>			
Type of Sign: ☑Wall ☐Hanging ☐Freestanding	□Menu	☐Individual Letter	\square Window
Other	= 1		
Height above Ground at Signs: Lower Edge:			
Height of Sign Structure: Sign Width:	. Length:	Area in Sq Ft:	$\frac{1}{1} \otimes \mathbb{N}$
Number of Faces: Sign Material/Color/Font:	- Blosch	C Nie Low (DOCE	$\frac{1}{1}$ $\frac{1}$
Location of Sign (include photo):	Lrow F		
Lighting Type/Fixture (No internal illumation is allowed)):	٥٨٠ و	
<u>SIGN 2:</u>			
Type of Sign: □Wall □Hanging □Freestanding □Other □	□Menu 	□Individual Letter	□Window
Height above Ground at Signs: Lower Edge:	Upper Edg	e:	
Height of Sign Structure: Sign Width:			
Number of Faces: Sign Material/Color/Font:_			
Location of Sign (Include photo):			
Lighting Type/Fixture (No internal illumation is allowed)):		
		w	
<u>SIGN 3:</u>			
Type of Sign: □Wall □Hanging □Freestanding	□Menu	□Individual Letter	□Window
□Other			
Height above Ground at Signs: Lower Edge:	Upper Edg	e:	
Height of Sign Structure: Sign Width:			
Number of Faces: Sign Material/Color/Font:_			
Location of Sign (Include photo):			
Lighting Type/Fixture (No internal illumation is allowed)	:		
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SIGN 4:			
Type of Sign: □Wall □Hanging □Freestanding	□Menu	☐Individual Letter	□Window
Other			
Height above Ground at Signs: Lower Edge:	Upper Edg	e:	
Height of Sign Structure: Sign Width:			
Number of Faces: Sign Material/Color/Font:_			
Location of Sign (Include photo):			
Lighting Type/Fixture (No internal illumation is allowed)	:		