



# ZONING PERMIT APPLICATION

ZONING PERMIT #: 2024-0607

*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

NAME OF BUSINESS/APPLICANT: Tracy Lynn Pater

PROPOSED USE: front portico Size (Sq. Ft./Length) of Construction: 9x6

SITE ADDRESS: Deleted Jayke Street Parcel ID #: \_\_\_\_\_

Subdivision Name: n/a Lot Size: .51

ZONING DISTRICT:  R-1  R-2  B-1  B-2  I-1  C-1

Special Use Permit Required:  Yes  No Site Plan Required:  Yes  No

Off-street Parking: Spaces Required: 2 Spaces Provided: 2

BRIEF DESCRIPTION OF ACTIVITY: (i.e. previous use, height/length of fencing, deck specs, etc.)  
9x6 front portico with oak posts (6x6)

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)

Supporting Documentation (attached):  Specification Sheet  Photograph(s)

PERMIT HOLDER INFORMATION			PROPERTY OWNER INFORMATION		
Name _____			Name _____		
Address _____			Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Phone# _____	Email _____		Phone# _____	Email _____	

**APPLICANT / PROPERTY OWNER SIGNATURE**

**\*\*\*\*\*REQUIRED\*\*\*\*\***

*I, as owner or authorized agent for the above-referenced parcel, do hereby certify that I have the authority to make the foregoing application and that the information provided herein is correct. Construction of improvements described herein and as shown on the attached plat, plan and/or specifications will comply with the ordinances of the Town of Haymarket and any additional restrictions and/or conditions prescribed by the Architectural Review Board (ARB), Planning Commission, or the Town Council and all other applicable laws.*

  
Applicant Signature

  
Property Owner Signature

**\*\*\* OFFICE USE ONLY \*\*\***

Date Filed: \_\_\_\_\_ Fee Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_

**DATE TO ZONING ADMINISTRATOR:** \_\_\_\_\_

APPROVED    DISAPPROVED    TABLED UNTIL: \_\_\_\_\_    DEFERRED UNTIL: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT

CONDITIONS:  
\_\_\_\_\_  
\_\_\_\_\_

**DATE TO ARCHITECTURAL REVIEW BOARD (ARB):** \_\_\_\_\_

APPROVED    DISAPPROVED    TABLED UNTIL: \_\_\_\_\_    DEFERRED UNTIL: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT

CONDITIONS:  
\_\_\_\_\_  
\_\_\_\_\_

**DATE TO TOWN COUNCIL (IF APPLICABLE):** \_\_\_\_\_

APPROVED    DISAPPROVED    TABLED UNTIL: \_\_\_\_\_    DEFERRED UNTIL: \_\_\_\_\_

TOWN COUNCIL {where required):

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT

CONDITIONS:  
\_\_\_\_\_  
\_\_\_\_\_