

TOWN OF MOUNT JACKSON
MEMORANDUM

To: Applicants for Zoning Permits

From: Zoning Administrator

Subject: Information needed to review permits

The Town Code requires several calculations to be made on all applications. This includes the area of the lot covered by buildings, and distances of proposed new structure, (even driveways) from property lines. Also, we are required to look at what the existing uses are, what the proposed use is, and where it is located on the property.

To speed up the review process, we ask that you attach to, or show on your application the following:

1. Property size, shape, and measurements.
2. Measurements of all existing and proposed buildings on the property.
3. A clear note or marking to show what is the new proposed item, and where it will be located on the property.
4. Your phone number and address so we can reach you if there are questions.

One of the easiest ways to provide most of this information is to start with the plat of your property that you possibly received at settlement when you purchased the property. The plat usually has the information needed. Make a copy of the plat and draw the proposed new use directly on the copy and we will attach this to the application. We would be happy to assist you with making a copy of the plat.

NOTE: The Code prohibits approval of any applications on property where prior unresolved zoning violations exist, or where there are any outstanding unpaid taxes or fees owed to the town.

TOWN OF MOUNT JACKSON

Application Fee Paid _____

Date Filed __/__/__

Zoning Permit Application

A Zoning Permit is required for any change in the use of land, buildings, or structures, and for the construction of a new building or structure or the reconstruction, enlargement, or alteration of any existing building or structure (signs, fences, etc.). Please answer the following questions in full:

Name: _____

Mailing address of Applicant: _____

Phone number of Applicant: _____

Address of property to be worked on: _____

Owner of property to be worked on: _____

Owner's phone number: _____

Zoning District: _____ Estimated cost: _____

Description of work or use:

Contractor: _____

Contractor phone number: _____

Start date: __/__/__

Completion date: __/__/__

If requesting to establish a business in an existing structure, does the proposed location have public water & sewer? Yes ___ No ___ N/A ___

If you cannot locate the plat or do not have a copy of it, you may sketch in the space provided or on an attachment, all existing **and** proposed structures, showing dimensions of all structures and distance to all property lines. Show right of way of any street or highway adjoining such parcel of land. For cases involving land disturbance, show drainage plan for properly distributing surface water. Also, give us any and all sizes of the following, regarding the property:

LOT SIZE: _____

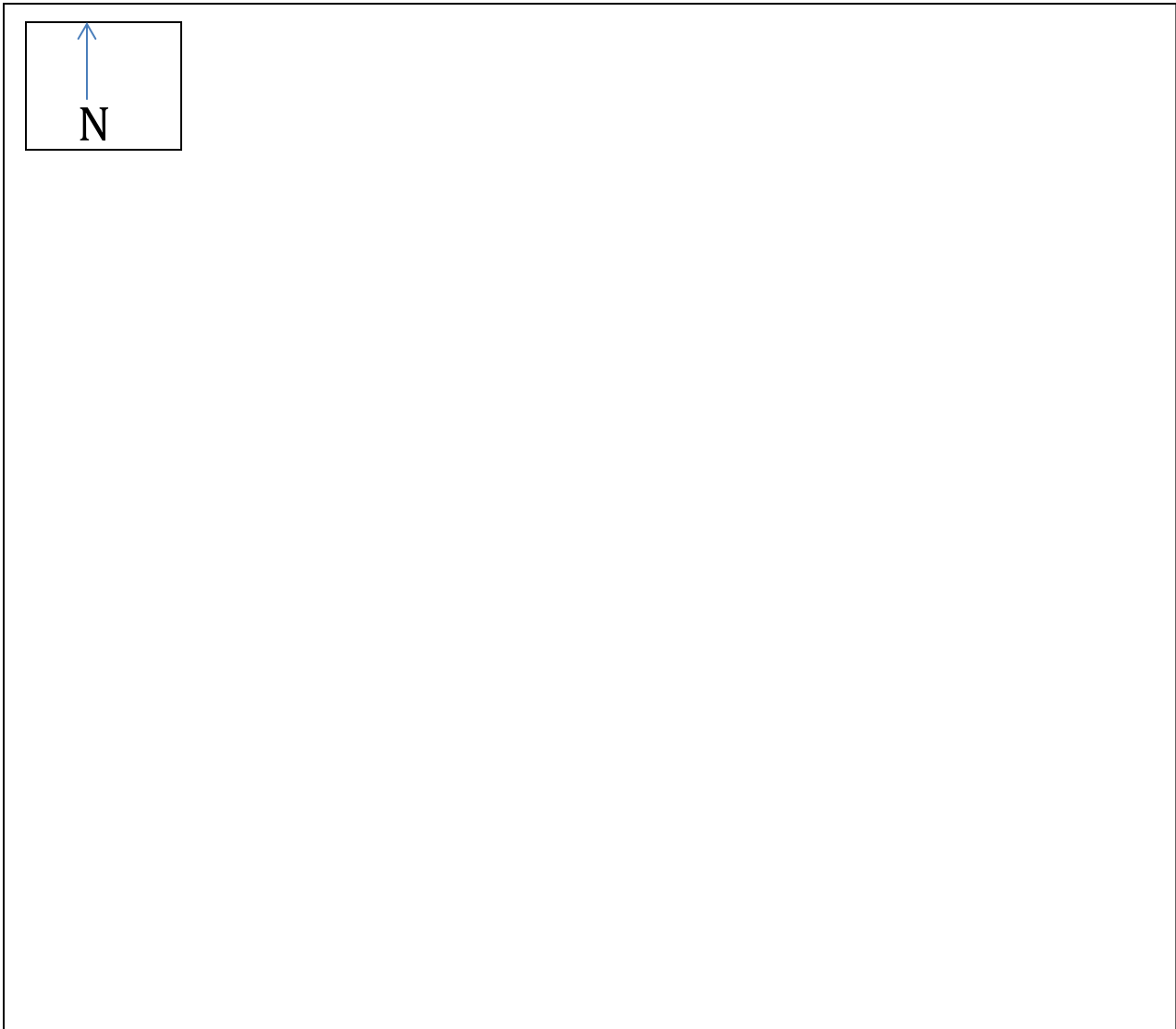
CURRENT MAIN STRUCTURE SIZE: _____

SIZE OF OTHER STRUCTURES: _____

SIZE OF PROPOSED STUCTURE(S): _____

OTHER NECESSARY MEASUREMENTS: _____

WORK SKETCH (Not necessary if plat is provided.)



The sketch area is a large, empty rectangular box. In the top-left corner, there is a small square containing a blue arrow pointing upwards with the letter 'N' below it, indicating North.

I certify that all the foregoing information on this application is true and correct to the best of my knowledge. I further certify that if any mistakes in distances have been made as a result of my calculations, these are not binding on the Zoning Administrator, but are mistakes made by the applicant and the applicant shall be responsible for said mistakes. As applicant/landowner, I understand that I am required to fully comply with all applicable Town ordinances and regulations.

Compliance with applicable or more restrictive subdivision covenants, if any, is the responsibility of the landowner or his agent and not of the Town of Mount Jackson.

Signature of Applicant

Signature of Property Owner

** In cases where the applicant is not the property owner and there is question over who is applying for the changes to be made, get in contact with the Town Office. We will be glad to assist you.*

ZONING ADMINISTRATOR HAS 30 DAYS TO FINALIZE APPLICATION

TOWN USE ONLY

This application has been (approved/disapproved) on this ____ day of _____, ____ by _____, Zoning Administrator for the Town of Mount Jackson in accordance with section(s): _____, _____, _____, _____ of the Mount Jackson Zoning Code. Permit is valid for six (6) months from the date of approval.

Signature of Zoning Administrator

In accordance with the Mount Jackson Town Code, Sec. 66-397(3): the applicant, if the request should be denied, has the right to make an appeal to the Board of Zoning Appeals.