			Date Received
			Zoning Permit No
(THIS FO	OWNSHIP OF MONROE ZONING PERMIT APPLICATION (THIS FORM MUST BE COMPLETED IN IT'S ENTIRETY) It must be obtained prior to the erection, restoration, addition to, or alteration of any structure ship of Monroe, prior to the issuance of a building permit. Original, to scale, survey of the entire property must be provided and must show structures and all proposed structures, including setback distances, and all set and easements, must be submitted with this application. Ition: Block: Fax #: Contact Phone #: SE: Contact Phone #: Set if you want correspondence sent to Property Owner or Contact (Contractor) Apply: a () Deck () Pool () Addition () Garage or Carport () Shed () Fence () Porch () Patio (paver/concrete) () Generator () Sign () Rooftop Solar () New House () Gazebo or Cabana () Change in business use or occupancy ain: any of the activities described above are conducted as a non-conforming use: Zoning Board approval been granted for the proposed work? Yes No (attach a copy of the resolution) a copy of your Survey / Plot Plan as required? Yes No ease attach written permission or a Declaration of No Jurisdiction from the Association. Homeowners Association or other organization? Yes No ease attach written permission or a Declaration of No Jurisdiction from the Association. Lieu of Oath that I am the agent (agent of) owner of record and am authorized to make the application. I and that I is the owner's responsibility to verify with the state that no wetlands and/or flood conservation easements are being disturbed by the proposed activity/activities. The owner before the propairs that may result from patio/deck/pool installations/enlargements that the owner's represents that may result from patio/deck/pool installations/enlargements that the owner's represents that may result from patio/deck/pool installations/enlargements that		
all existing structures	and all proposed	d structures,	including setback distances, and
Date of Application:	Bloc	ck:	Lot:
Property Owner Name:			
Property Address:	T ID	OF	
Owner Phone #:	HIP		
Contact Name:		Contact	Phone #:
Contact Address:	N		
*Contact Email **(Please check if you wan	t correspondence sen	t to Property Ov	wner or Contact (Contractor)
(
Check all that apply:			
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	., .		
	azebo or Cabana	() Change in	n business use or occupancy
() Other-explain:			
0. 1 1 2 6.2			
State whether any of the	activities describe	d above are co	onducted as a non-conforming use:
	· · ·		
File no.	(attach a cop	y of the resolut	tion)
Did you attach a copy of	Frour Surrous / Dlot	Plan ac roqui	rod2 Vog No
Did you attach a copy of	your survey / 110	i i iaii as requi	red: resrvo
Utilities: check appropri	iate items: City	SewerC	city WaterWellSeptic
ir yes, prease attach	William permission or	a Beelaranon o	110 jurisdiction nom the resociation.
Do any Easements exis	t on your property?	Yes No	. If ves. what type
Certification in Lieu of Oat	in Som	-11 00	
		wner of record a	and am authorized to make the applicati
		•	
_		esult from pation	o/deck/pool installations/enlargements
encroach upon any easem	ent.		
Print Owner Name:		Signature:	Date:
Approved	Denied	Date	7000
	Demen	Date	Zone
Comments:			

ZONING OFFICER_

HEALTH OFFICER (if well & septic) ___

_Date___

_Date__