## CITY OF LAKE SHORE ZONING PERMIT APPLICATION

PERMIT #					
APPLICANT NAME			PHONE #		
ADDRESS			ZIP		
EMAIL ADDRESS					
LEGAL DESCRIPTION	OF PROPERTY				
PROPERTY IDENTIFIC	ATION#		, SECTION		
CONTRACTOR NAME &	& LICENSE				
	PROPO	SED IMPR	OVEMENTS		
DESCRIBE THE PROPO	SED IMPROVEMENTS (IN	CLUDE DIMEN	ISIONS)		
LOT WIDTH	LAKE SETBA	.CK			
SIDEYARD SETBACK_	,	STREET SETBA	CK		
LOT AREA	lAKE/STREAM_				
DOES THE PROPERTY	CONTAIN A BLUFF OR AN	NY WETLANDS	?		
WILL THE PROPOSED	IMPROVEMENTS REQUIR	RE DIRT MOVI	NG AND IF SO HOW MUCH?		
AMOUNT OF IMPERVI			E PLAN		
	SANITARY	FACILITY	INFORMATION		
ON-SITE DATE O	F INSTALLATION	. <u></u>	MUNICIPAL SEWER		
CERTIFICATE OF COM	PLIANCE REQUIRED?		SITE EVALUATION REQUIRED?		
IF REQUIRED, WAS VA	RIANCE OR CONDITIONA	AL USE PERMI	Γ APPROVED?		
VALUATION	FEE_	PAID			
DATE	SIGNATURE OF APPLICANT				
DATE**	ATESIGNATURE OF ZONING OFFICER  ****ALL PROPERTY STAKES MUST BE VISIBLE****				