

TOWN OF CAMPBELL
APPLICATION FOR ZONING OCCUPANCY PERMIT

Date: _____ No: _____

Permit Fee: _____ Paid: _____

Property Owner(s) _____

Property Address _____

Applicant Information

Name _____

Address _____

Phone # _____

Email _____

Site Information

TAX PARCEL # 4 - _____ - _____ Lot Area _____ sf

LEGAL DESCRIPTION: Part of _____ 1/4- _____ 1/4 Sect _____ Township 16 N, Range _____ W

CERTIFIED SURVEY: MAP # _____ VOL: _____ LOT: _____

SUBDIVISION PLAT: ADDITION: _____ LOT: _____ BLOCK: _____

PROPERTY ADDRESS _____

Builder/Contractor Information _____ Same as Applicant

Business Name _____

Contact Person _____

Address _____

Phone # _____

License # _____

Construction Information

Proposed Construction _____ Estimated Cost _____

Height _____ Width x Length _____

Square Footage _____ Construction Type _____

Number of Rooms _____ Number of Bedrooms _____

Number of Bathrooms _____ Number of Half Bathrooms _____

Basement _____ Yes _____ No

Construction Information for Any Additional Construction

Proposed Construction _____ Estimated Cost _____
Height _____ Width x Length _____
Square Footage _____ Construction Type _____
Number of Rooms _____ Number of Bedrooms _____
Number of Bathrooms _____ Number of Half Bathrooms _____
Basement: ___ Yes ___ No

Notes/Special Instructions

OFFICE USE ONLY

ZONING DISTRICT: _____

MINIMUM LOT AREA: _____ SF LOT WIDTH: _____

SETBACK FROM ROAD: ROW: _____ OR _____ FT FROM C/L

REAR YARD SETBACK _____

SIDE YARD SETBACK= (1) _____ + (2) _____ = _____ TOTAL

Site plans and floor plans submitted: _____ Yes _____ No

OTHER PERMITS REQUIRED

COUNTY WELL: _____ Yes _____ No # _____

EROSION CONTROL: _____ Yes _____ No # _____

COUNTY SANITARY: _____ Yes _____ No # _____

STATE SANITARY: _____ Yes _____ No # _____

TOWN BUILDING PERMIT: _____ Yes _____ No # _____

AIRPORT HEIGHT PERMIT: _____ Yes _____ No # _____