



APPLICATION FOR ZONING PERMIT

DATE _____ PERMIT NO. _____

PROPERTY OWNER _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

CONTRACTOR _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

ZONING DISTRICT _____ SUBDIVISION _____

LOT NUMBER _____ STREET ADDRESS _____

PRESENT LANDUSE _____

PROPOSED LANDUSE _____

CHECK ONE: NEW CONSTRUCTION ALTERATION/ADDITION CHANGE IN USE

CATEGORY OF STRUCTURE: SINGLE FAMILY RESIDENTIAL COMMERCIAL

TWO-FAMILY RESIDENTIAL INDUSTRIAL

MULTIPLE-FAMILY: _____ UNITS OTHER

LOT: WIDTH _____ ft. DEPTH _____ ft. AREA _____ sq. ft.

BUILDING FOOTPRINT SIZE _____ sq. ft. PERCENT LOT COVERED _____ %

BUILDING HEIGHT _____ ft. NUMBER OF STORIES _____

BUILDING SETBACK FRONT _____ ft. LFT. SIDE _____ ft. RT. SIDE _____ ft. REAR _____ ft.

NUMBER OF OFF-STREET PARKING SPACES _____ LOADING SPACES _____

GARAGE PARKING PLACES _____

SOURCE OF WATER _____ SANITARY SEWER _____

ESTIMATED CONSTRUCTION COST \$ _____

Attach a copy of a site pan showing the location of the proposed improvement (if new construction or alteration) in relation to existing buildings, lot lines and any existing easements or right-of-way with accurate dimensions. The applicant certifies that the above information is true and correct, that no part of the land considered in this application has been previously used to meet yard area or parking requirements for another structure, and the proposed use and structure complies with the provisions of the Village of Lexington Zoning Ordinance. I fully understand that no excavation for foundation, for the erection, construction, or structural alteration of any structure or part of a structure shall be undertaken until a zoning permit shall have been issued by the Zoning Inspector.

I have checked to see if there are protective covenants or deed restrictions that may relate to the intended use. Yes No

Signed _____
Owner/Contractor's Signature

ZONING FEE \$ _____ RECEIVED _____

ZONING PERMIT APPROVED: Conforming Use Non-Conforming Use Non-Conforming Structure

DATE _____ ZONIING INSPECTOR _____