

Zone Permit No.
Certif. of Occupancy

## Zoning Permit Application Town Of White Stone

**ZONING PERMIT MUST BE ISSUED BEFORE STARTING CONSTRUCTION**

Date \_\_\_\_\_

Application for a Zoning Permit may be made to the Administrator.

Application is hereby made for a Zoning Permit in accordance with the description and for the purpose Hereinafter set forth. This application is made subject to all the local and State laws and ordinances and which are hereby agreed to by the undersigned and which shall be deemed a condition entering into the exercise of this permit.

Name of Owner \_\_\_\_\_ Address \_\_\_\_\_

Name of Contractor  
Builder \_\_\_\_\_ Address \_\_\_\_\_

Name of Architect  
Designer \_\_\_\_\_ Address \_\_\_\_\_

Certified State Contractors No. \_\_\_\_\_

If for Alterations or Repairs, State Nature: \_\_\_\_\_

If for Advertising Structure, State Location and Size: \_\_\_\_\_

If for New Construction, State Use: \_\_\_\_\_

Water Supply: Well \_\_\_\_\_ Public System \_\_\_\_\_ Sewage Disposal: \_\_\_\_\_ Septic Tank \_\_\_\_\_ Public System \_\_\_\_\_

Location: N E S W \_\_\_\_\_ Side of Road No. \_\_\_\_\_ about \_\_\_\_\_ miles from \_\_\_\_\_

Or: \_\_\_\_\_ side of \_\_\_\_\_ street, between \_\_\_\_\_ and \_\_\_\_\_

Lot No. \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ of \_\_\_\_\_ Subdivision \_\_\_\_\_

No of acres in Tract \_\_\_\_\_ or Size of Lot \_\_\_\_\_ x \_\_\_\_\_ District \_\_\_\_\_

I hereby certify that on January 1 the land described below is listed in the name of: \_\_\_\_\_

NOTE: This permit is subject to approval for sewage disposal system & well location of same from the County Health Department

A Plot Plan  
 is attached  
 is sketched is on this application

Construction Plans  
 are included  
 are not included

Filing Fee
\$ <u>25.00</u>

Estimated date of completion \_\_\_\_\_

I hereby certify that I have the authority to make the foregoing application, that the information given is correct and that the construction will conform with the regulations in the Building Code, Zoning Ordinances, and private building restrictions, if any, which may be imposed upon the above property deed.

Signature of owner or authorized agent \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (day) \_\_\_\_\_ (evening) \_\_\_\_\_

