

# Clarke County Zoning Permit Application

Applicant to fill out this section

Permit #: \_\_\_\_\_

## Applicant Information

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Site & Property Information

Property Owner: \_\_\_\_\_

Parcel #: \_\_\_\_\_ 911 Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## Project Information

Project Description: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Total Square Feet: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

## Additional Items Needed for Application

Site & building plans sufficient to convey overall project, drawn to scale with dimensions

See Clarke County Ordinance 34 for all zoning requirements

See Section 19 of ordinance for details on submittal requirements for this permit

Official use for County

## Permit & Project Information

Permit Number: \_\_\_\_\_ Permit Date: \_\_\_\_\_

Permit Type: \_\_\_\_\_ Status: \_\_\_\_\_

Fee Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Description: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Paid By: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Accepted By: \_\_\_\_\_

Acceptance & Approval of Permit: Yes No \_\_\_\_\_

Method & Date Approved Permit Sent: \_\_\_\_\_