



ZONING COMPLIANCE PERMIT APPLICATION

Applicant _____ Phone _____

Address _____ Zip _____

Owner _____ Phone _____

Address _____ Zip _____

Location of Property: _____

Legal Description: _____

Zoning District: _____

Construction Activity: _____

I have received and reviewed the Zoning Ordinance of the Village of Indian Point, Missouri, and agree to comply with Use Regulations pertaining to the zoning district indicated above.

Signature: _____ **Date:** _____

Name & Title _____

For Official Use Only:

Permit/Case Number _____ Fee Paid _____ Cash ___ Check ___

Date Approved _____ Commence Work Date _____

Planning & Zoning Administrator

Date Permit Returned/Work Completed _____