



ZONING COMPLIANCE PERMIT APPLICATION

Applicant _____ Phone _____

Email _____

Address _____ Zip _____

Owner _____ Phone _____

Address _____ Zip _____

Email _____

Location of Property:

Legal Description:

Zoning District: _____

Contractor Information:

Business Name: _____ Contractor Name: _____

Phone: _____ Email: _____

Address of Business: _____

On-site Supervisor Contact: Name: _____ Phone: _____

Construction Activity:

Estimated Time frame of Construction: _____

Square footage of structure: _____

Construction plan, Site Plans, Set Back Information, and/or Blueprint Attached ___

Actual Setbacks:

Front yard: _____ ft; Left Side Yard: _____ ft; Right Side Yard: _____ ft; Rear Yard: _____ ft

Contractor Liability/Insurance/Worker's Compensation Forms Submitted to Village: ___

Will You Require a Business License: Y ___ N ___

Projected Height of Structure: _____

Intended Use of Property: _____

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.

Applicant:

Signature: _____

Date: _____

Name & Title _____

Contractor:

Signature: _____

Date: _____

Name & Title _____

Cost of Permit: (Sqft. X \$.25 = Cost of Permit) Minimum \$200: _____

Maximum for R-1: \$1,000

Maximum for Commercial: \$5,000

Cash ___ Check ___ (Check # ___) Credit Card ___

Commence Work Date _____

For Official Use Only:

Permit/Case Number _____

Date Approved _____

Date Permit Returned/Work Completed _____