



**ZONING COMPLIANCE APPLICATION FOR RESIDENTIAL**

Date Permit Filed: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_

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

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

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

Property Owner Mailing Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

**ACTIVITY DETAILS:**

- New Principal Structure (new home): New Sq. Ft. \_\_\_\_\_
  - Addition to Principal or Accessory Structure: Addition Sq. Ft. \_\_\_\_\_
  - New Accessory Structure (garages or storage buildings): New Sq. Ft. \_\_\_\_\_ Existing Sq. Ft. \_\_\_\_\_
- Total Final Size of Principal Structure: \_\_\_\_\_ Total Size of All Accessory Structures: \_\_\_\_\_

Are there any recorded deed restrictions or restrictive covenants that apply to this property which are contrary to, conflict with, or prohibit the permitted activity being requested?

Yes  No If yes, please describe restrictions: \_\_\_\_\_

**Please attach a site plan indicating all existing and proposed improvements.**

**The applicant certifies information on this application is true and correct. If any information is false or misleading, the zoning permit shall be considered void. This permit shall expire six (6) months from approval date if a Building Permit is not obtained or no activity occurs. Applicant also attests that there are no recorded deed restrictions or restrictive covenants that apply to this property which are contrary to, conflict with, or prohibit the permitted activity being requested. Applicant also agrees to the conditions in the City of Union Zoning Code.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Title

**FOR OFFICE USE ONLY:**

Date Filed: \_\_\_\_\_

If incomplete, returned: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Action: [ ] Approved [ ] Rejected [ ] Special Exception [ ] Site requires Variance [ ] Rezoning

Supplemental Information: [ ] Forms/Documents Attached: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator/Designee: \_\_\_\_\_ Date: \_\_\_\_\_