GRAY COUNTY ZONING APPLICATION FOR DWELLING OR "ACCESSORY USE" BUILDING PERMIT

LAND OWNER NAME		MAILING ADDRESS:		PHONE #	
APPLICANT NAME (if different than land owner):		MAILING ADDRESS	:	PHONE #	
DESCRIBE THE PROPOSED USE OF THE NEW STRUCTURE					
APPROXIMATE COST OF CONSTRUCTION:					
SITUS ADDRESS OF THE PROPERTY:					
LEGAL DESCRIPTION OF THE PROPERTY:					
WILL THE NEW STRUCTURE REQUIRE A NEW SEPTIC OR WASTE WATER SYSTEM?					
	YES	NO	Note: If yes, an ad	lditional permit is required	
WILL THE NEW STRUCTURE REQUIRE A NEW DOMESTIC WATER WELL FOR PERSONAL USE?					
	YES	NO			
WILL THE NEW STRUCTURE REQUIRE A DRIVEWAY CULVERT?					
	YES	NO			
STRUCTURE SIZE:		HEIGHT OF S	STRUCTURE:		
FLOOR TYPE:	DIRT	CONCRETE	OTHER		
FRAME TYPE:	WOOD	STEEL	OTHER		
EXTERIOR MATERIAL:	WOOD	STEEL	OTHER		
** IF PROPOSED STRUCTURE IS A MANUFACTURED/MOBILE HOME, PLEASE COMPLETE **					
YEAR BUILT:		SIZE:	manufactured hon	ne is an older model, Gray	
MAKE: MODEL:				regulations that the home	

SIGNATURE OF LAND OWNER & DATE

SIGNATURE OF APPLICANT (if different) & DATE

must meet (Article 8-102 #4).

**** ATTACH AERIAL VIEW OF PROPERTY WITH NEW STRUCTURE LOCATION INDICATED ****

THE FOLLOWING INFORMATION IS REQUIRED TO DETERMINE IF ANY ZONING CHANGE &/OR						
CONDITIONAL USE PERMIT MUST ALSO BE OBTAINED (COMPLETED BY ZONING ADMINISTRATOR)						
SIZE OF PROPERTY:		CURRENT ZONING:				
IS THE PROPOSED STRUCTURE ALLOWABLE FOR THE CURRENT ZONING?						
IF NO, YOU MAY ATTACH A VARIANCE OR SPECIAL EXCEPTION REQUEST WITH THIS APPLICATION						
WILL A ZONING CHANGE OR CONDITIONAL USE PERMIT BE REQUIRED?						
SIGNATURE OF ZONING A	ADMINISTRATOR	DATE				

OFFICE USE ONLY				
THIS APPLICATION AS BEEN:				
APPROVED DENIED (REASON)				
APPROVED WITH RESTRICTIONS OR REQUIREMENTS LISTED BELOW:				
SIGNATURE OF GRAY COUNTY COMMISSIONER	ATTEST: GRAY COUNTY CLERK			
SIGNATURE OF GRAY COUNTY COMMISSIONER	PERMIT NO:			
SIGNATURE OF GRAY COUNTY COMMISSIONER	DATE SIGNED			