



**Planning and Zoning
Department**

DEVELOPMENT PERMIT

Approved Date

Permit# _____ **UPC#:** _____ **Community:** _____

Property Owner(s): _____

Applicants Representative/Contractor: _____

Owners Mailing Address: _____

Phone: (____) _____ Cell: (____) _____ E-mail Address: _____

THE APPLICANT HEREBY ACKNOWLEDGES THAT ALL SUBMITTED DOCUMENTS ARE TRUE AND CORRECT.

Applicants Signature: _____ **Date:** _____

(The applicant's representative may sign the application if a notarized letter of authorization is submitted from the property owner.)

Site Physical Address: _____

Describe Development: _____

Residential/Agricultural/Commercial Development Permit

Accessory Pre-Assembled Structure, not requiring CID Permit. (Not for human occupancy) \$50	Residential Development less than 120 sq. ft. Porch, Deck or Ramp \$100	Large Commercial Development \$1000
Accessory Structures over 120 sq. ft. Requiring CID Permit/Solar Array, Fencing, Sheds, Garage, \$100	Residential Development Requiring CID Permit/Additions, Roofs, \$250	Small Commercial Development \$500

Modular/Manufactured/Tiny Home Placement Permit

Modular Home or Manufactured Home placement with permanent foundation. \$150	Manufactured Home, Tiny Home Placement with non-permanent foundation Require MHD or HUD Approval for Human Occupancy \$100	Floodplain Development Permit: Flood Zone: _____ FIRM Panel No: 35039C _____ D BFE: _____ \$50
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Utility Service Authorization Permit

New Utility Service \$100 (With Development Permit) \$50	Water Well \$100 Seasonal RV or Accessory Structure \$100	Service Upgrade Meter Relocation \$50
Commercial Building/Cell Tower \$200	Name of Utility Company _____	Meter No. _____

(For Official Use)

Floodplain Approval Signature: _____ **Date:** _____

(Certified Floodplain Manager)

Critical Management Area: ___ RFOZD ___ IAOZD ___ Floodplain ___ **Permit Type:** ___ Class-I ___ Class-II ___ Class-III

Required Submittals for All Permits: ___ Site Plan ___ Proof of Ownership ___ Property Taxes Current ___ Survey

North Central Solid Waste Account #: _____ **Physical Address** ___ NMED ___ Water Availability

___ Construction Drawings ___ Contractors RAC Business License **Date Application Accepted:** _____

Planning & Zoning Department Approved By: _____ **Date:** _____