CITY OF POWELL <u>APPLICATION FOR DEVELOPMENT PERMIT</u> (SPECIAL FLOOD HAZARD AREA)

Name of Applicant			
Address		o. Home	
		Work	
Name of Owner			
Mailing Address	Phone No	o. Home	
		Work	
Address of Property			
Range Twp	Section	Farm Lot No	
Subdivision Name Inlot No.	Acreage		
Zoning District	Acreage Proposed Use		
Type of Work: New Building	Remodeling Addition	Repair Cha	nge of Use
Type of Building: Commercial	Industrial	Other	
Type of Sewage Disposal	Lot Depth		
Lot Width at Building Line	Lot Depth		
Lot Area	Building Area	sq. ft.	
Percentage of Lot to be Occupied by Bu	uildings		%
Building Height	Stories		feet
Elevation in relation to mean sea level of	of the lowest floor, including basement, of all	proposed structures	
	to which any proposed structure will be flood		
Side Yard Width	Right		left
Parking Spaces Required	Provided		
Loading Berths Required	Provided_		
THE EQUI OWING ITEMS ARE DEC	NUDED AS DADT OF THIS ADDITIONTO	NI.	
	QUIRED AS PART OF THIS APPLICATIO	in:	
	e, location, dimensions, and elevations of the area	in question; existing or propo	sed structures fill storage
of materials, drainage facilities. And th		in question, existing or propo	sea structures, im, storage
	ional engineer or architect that the floodproofi	ing methods for any nonresid	ential structure meet the
	watercourse will be altered or relocated as a resul	t of proposed development	
5) The following statement: "APPLICAN AND CONSTRUCTION OF THE APPLICANT'S HEIRS, EXECUTOR	NT ACKNOWLEDGES THAT APPLICANT IS PREMISES SET FORTH IN THIS APPI RS, ADMINISTRATORS AND ASSIGNS SPE ELATING TO THE DESIGN, CONSTRUCTIO	SOLELY RESPONSIBLE FOLICATION AND APPLICA ECIFICALLY RELEASES TH	NT FOR APPLICANT, HE CITY OF POWELL
	County Health Department and/or the Environmer	ntal Protection Agency	
	sanitary wastes in every case where the property is		
	on and the attachments thereto contain all informa		
of the Zoning Ordinance of the City of Pow	ed herein is true and accurate. The Applicant agree	es to be bound by the provision	S
•	wner's Signature		
	wher s signature		
DateAp	pplicant's Signature		
·	OMPLETE APPLICATIONS WILL NOT B		
	FOR OFFICE USE ONLY		
Date Issued:	Certificate Number	r:	
Fee:	RCPT#:		

_Mail ____

Person __

Certificate Forwarded to Applicant _