

TOWN OF FREEDOM ZONING PERMIT APPLICATION TOTEM POLE

PROPERTY OWNER _____ DATE _____

Map # _____ Lot # _____ Lot Size _____

Local Address: _____ Phone # _____

Permanent Address: _____ Phone # _____

Proposed Project with dimensions: _____

LOT INFORMATION

Boundary distances: (frontage at bottom of the grid and towards the road)

Lot Frontage (on road):	Right Boundary:
Left Boundary:	Rear Boundary:

BUILDING AND/OR STRUCTURE INFORMATION

List all setbacks for new and remaining buildings and structures below:

Building/Structure	Front	Right Side	Left Side	Rear
Park Model/Trailer				
Add-a-room				
Deck				
Shed				
Canopy				

TOTAL AREA

The total area of the park model, add-a-room and deck may not exceed 1100 sq ft.

Show the dimensions and calculate the square footage for the following structures:

Structure	Length (ft)	X	Width (ft)	=	Area (sq ft)
Park Model/Trailer					
Add-a-room					
Deck					
					Total:

Indicate the height to peak of Park Model/Trailer: _____

PROPOSED PROJECT DETAILS

1. Show above information on grid.
2. Attach the grid to this application.

The information on this sheet should match EXACTLY the information on the grid.

THE UNDERSIGNED OWNER HEREBY REQUESTS A ZONING PERMIT FOR THE ABOVE USE, TO BE ISSUED ON THE BASIS OF THE REPRESENTATIONS CONTAINED HEREIN. PERMIT IS VOID IN THE EVENT OF MISREPRESENTATION AND/OR NOT BEING IN COMPLIANCE WITH THE ZONING ORDINANCE, SITE PLAN REVIEW, SUBDIVISION REGULATIONS (IF APPLICABLE) AND OTHER APPLICABLE STATE AND TOWN LAWS AND REGULATIONS. CONSTRUCTION IS NOT AUTHORIZED UNTIL A BUILDING PERMIT IS ISSUED.

SIGNATURE _____ **DATE:** _____

PROPERTY OWNER

PLEASE READ AND, IF APPLICABLE, SIGN THE FOLLOWING STATEMENT IF YOU, AS OWNER, DESIGNATE AN AGENT (CO-APPLICANT) TO ACT ON YOUR BEHALF.

I DESIGNATE THE PERSON LISTED BELOW AS MY AGENT FOR THE PURPOSE OF PROCURING THE NECESSARY LOCAL PERMITS FOR THE PROPOSED WORK AS DESCRIBED HEREIN. REPRESENTATIONS MADE BY MY AGENT MAY BE ACCEPTED AS THOUGH MADE BY ME PERSONALLY, AND I UNDERSTAND THAT I AM BOUND BY ANY OFFICIAL DECISION MADE ON THE BASIS OF SUCH REPRESENTATIONS.

AGENT _____ **TEL#** _____

ADDRESS _____

OWNER'S SIGNATURE _____ **DATE:** _____

THIS APPLICATION MUST MEET THE TERMS OF ARTICLE 19 SECTION 1901.1 THROUGH SECTION 1901.7 OF THE FREEDOM ZONING ORDINANCE.

ISSUED _____ **DATE** _____ **EXPIRATION DATE** _____

DENIED _____ **DATE** _____ **ZONING ADMINISTRATOR** _____

REASON FOR DENIAL _____