

**CITY OF HISTORIC MEDORA
ZONING - DEVELOPMENT PERMIT**

Application Number _____ **Date Received** _____

Applicant's Name _____ **Phone** _____

Address, City, State _____

Contractor's Name _____

Address _____

Property Location _____
(Subdivision) (Block) (Lots)

Legal Description _____
(Qtr section) (Section) (Township) (Range)

Dimension of Land _____
(Depth) (Width) (Square feet)

Proposed Action:	Proposed Use:
New Construction _____	Residential _____
Addition _____	Commercial _____
Move In _____	Agriculture _____
Removal _____	Storage _____
Subdivision _____	Community _____
Other _____	Other _____

Proposal: _____
(Brief explanation)

Architectural Characteristics of Proposal:

Height _____	Materials _____
Width _____	Color _____
Depth _____	Roof Shape _____
Other _____	Wall Area(signs only) _____

Floodplain: _____ 100 year _____ 500 year _____ Not in Floodplain

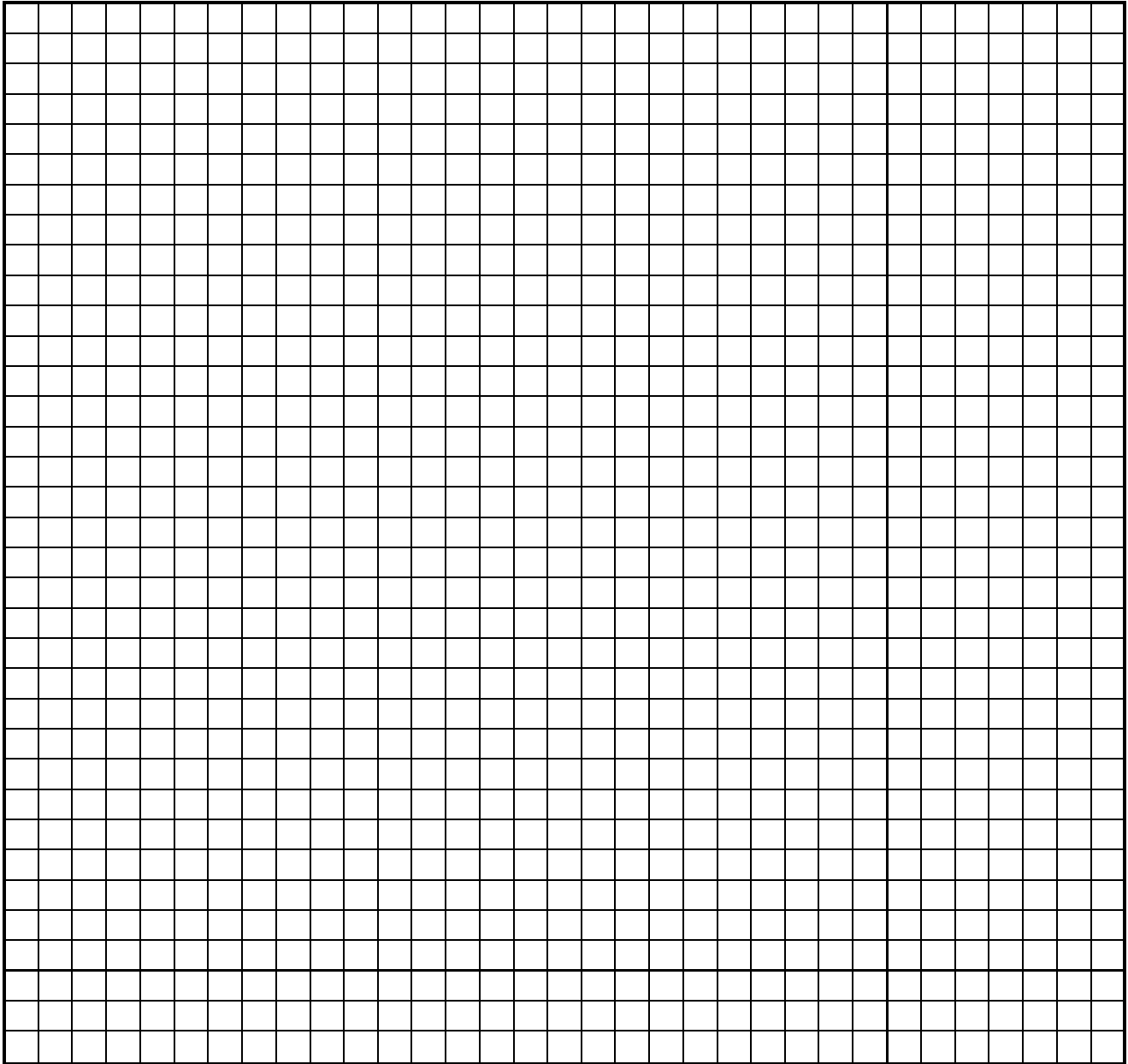
Permit Period:	
Begin Date _____	End Date _____
Extension _____	Extension _____
Potential Concerns: _____	

Signature of Applicant _____ **Date** _____

This permit creates no warranties with regard to construction or code compliance. Any inspections under this permit are for the benefit of the public and not the permit recipient, and any inspections do not create a duty to the permit recipient, the owner, or to a subsequent purchaser with regard to quality of construction or code compliance. A decision of the Zoning Commission may be appealed to the City Council which shall act as a Board of Adjustment.

Scale Drawing

Please show all existing structures and proposed structures in this drawing. Include lot dimensions, setbacks and easements. Please attach blueprints and/or photos.



Conditions of Permit: _____

Action of Zoning Board: **Approval** **Disapproval** **Other**

Date _____ **Vote** _____

Action of the Appeal Board: **Approval** **Disapproval** **Other**

Date _____ **Vote** _____

Date Filed _____ **Signature** _____

(Zoning Administrator)

Reviewed by City Superintendent: **Approval** **Disapproval** **Other**

Date _____

List concerns _____

Concerns addressed with applicant **Yes** **No** **Date** _____