

**CITY OF ESTELL MANOR
ZONING PERMIT APPLICATION**

DATE _____

APPLICATION # _____

OWNER NAME _____

OWNER ADDRESS: _____

CONTRACTOR NAME & PHONE NUMBER _____

OWNER MAILING ADDRESS IF DIFFERENT THAN WORK LOCATION:

PHONE NUMBER _____

BLOCK _____

LOT _____

ZONING DISTRICT _____

ACREAGE OF PROPERTY _____

DESCRIPTION OF PROPOSED DEVELOPMENT _____

NAME OF PROPERTY OWNER OR AUTHORIZED APPLICANT _____

PHONE NUMBER OF PROPERTY OWNER OR AUTHORIZED APPLICANT _____

****ATTACH PLOT PLAN SKETCH SHOWING LOCATION OF ALL BUILDINGS
AND SETBACKS FROM PROPERTY LINES.****