

CITY OF ESTELL MANOR  
ZONING PERMIT APPLICATION  
Fee: \$20

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.\*\*