

CITY OF SPARTA PERMIT & APPLICATION EXTRA-TERRITORIAL ZONING

Application No. _____

Owners Name _____ Mailing Address _____ Telephone _____

Gen. Contractor _____ Mailing Address _____ Telephone _____

Legal Description _____

Bldg. Address	Zoning	Lot Area	Setbacks	Front	Rear	Left	Right
---------------	--------	----------	----------	-------	------	------	-------

Project	Use	Type	Plot Plan (not to scale)
<input type="checkbox"/> New Const. <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Raze <input type="checkbox"/> Move <input type="checkbox"/> Other:	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Other	<input type="checkbox"/> Site Const. <input type="checkbox"/> Manufactured <input type="checkbox"/> Frame <input type="checkbox"/> Pole Frame <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Stone Veneer <input type="checkbox"/> Other:	

Stories/Area	Height
<input type="checkbox"/> Bsmt. _____ <input checked="" type="checkbox"/>	Wall _____ Ft.
<input type="checkbox"/> 1-St. _____ <input checked="" type="checkbox"/>	
<input type="checkbox"/> 2-St. _____ <input checked="" type="checkbox"/>	Roof Peak _____ Ft.
<input type="checkbox"/> 3-St. _____ <input checked="" type="checkbox"/>	
<input type="checkbox"/> Split- Foyer _____ <input checked="" type="checkbox"/>	
<input type="checkbox"/> Garage _____ <input checked="" type="checkbox"/>	
<input type="checkbox"/> Other _____ <input checked="" type="checkbox"/>	

The applicant agrees to comply with the Extra-Territorial Zoning Code of the City of Sparta and all other Ordinances and State Laws as applicable; understands that the issuance of this permit creates no legal liability, express or implied on this City; and certifies that all of the above information is accurate.

Signature of Applicant _____ Date _____

This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty.

Permit Issued By: _____	Est. Cost \$ _____
Signature Zoning Official _____	Date _____ Permit Fee \$ _____