

**TOWN OF ONANCOCK
ZONING PERMIT APPLICATION**

Tax Map Identification Number: _____

IDENTIFICATION AND PROPERTY LOCATION

Name of Property Owner: _____

Physical Address of proposed use: _____

Mailing Address: _____

Telephone Number: _____ Alt/Cell: _____

Contractor: _____

Mailing Address: _____

Telephone Number: _____ Alt/Cell: _____

ZONING CLASSIFICATION

TYPE OF IMPROVEMENT/INTENDED USE

DIMENSIONS

Number of stories _____

Square feet of new construction _____ sq ft.

Describe provisions for off street parking: (Zoning ordinance requires 1 parking space per 100 sf of gross floor area in the business districts and 2 parking spaces for dwelling unit in the residential districts)

A SITE PLAN MUST ACCOMPANY THIS PERMIT APPLICATION

Plan must show the following details

- Lot dimensions
- Streets adjacent to the lot with existing and proposed entrances marked
- Location of all existing and proposed structures on the site
- Distances from all structures to the front, back, and sides of the property line
- Additional information may be required by the Zoning Administrator, depending on the type of use proposed.

_____ Date: _____
Signature of Applicant

Approved _____ Denied _____

_____ Date: _____
Signature of Zoning Administrator