

EL SINBORO TOWNSHIP ZONING PERMIT

Applicant(s) Name: _____

Applicant(s) Address: _____

Applicant(s) Phone #: _____

Property Information

Block No.: _____ Lot No.: _____

Location: _____

Planned Development

THIS SECTION FOR ZONING OFFICER USE ONLY

ZONING CLASSIFICATION

ZONING REQUIREMENTS

Minimum Lot Size

Minimum Width

Minimum Depth

Minimum Front Yard Dimension (set back)

Minimum Side Yard Dimension (set back)

Minimum Rear Yard Dimension (set back)

Maximum Height

Maximum Lot Coverage (building[s])

Maximum Impervious Material Coverage

Your planned development for the plot described above
is / is not an approved application.

Date: _____

Zoning Officer

SEE OPPOSITE SIDE FOR ADDITIONAL INFORMATION