

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