

CITY OF LEBO  
APPLICATION FOR ZONING PERMIT

(Zoning Office Use)		
PERMIT NO.:	DATE:	FEE:
PAY TYPE:		

Please complete the following:

APPLICANTS NAME, ADDRESS, AND PHONE NUMBER

\_\_\_\_\_

OWNERS NAME AND ADDRESS IF DIFFERENT THAN APPLICANT

\_\_\_\_\_

ADDRESS OF PROPERTY REQUESTED FOR PERMIT \_\_\_\_\_

ZONING OF PROPERTY \_\_\_\_\_

EXISTING USE OF PROPERTY \_\_\_\_\_

PERMIT IS REQUESTED TO: \_\_\_\_\_

IS AREA WITHIN THE 100 YEAR FLOOD \_\_\_\_\_

WHAT IS THE CURRENT USE OF ALL ADJACENT PROPERTIES:

NORTH \_\_\_\_\_ SOUTH \_\_\_\_\_

EAST \_\_\_\_\_ WEST \_\_\_\_\_

SEWAGE SYSTEM: CITY \_\_\_\_\_, PRIVATE \_\_\_\_\_ (COFFEY COUNTY HEALTH DEPARTMENT APPROVAL REQUIRED)

WATER SYSTEM: CITY \_\_\_\_\_, RURAL WATER DISTRICT \_\_\_\_\_ (WATER DISTRICT APPROVAL REQUIRED)

PRIVATE \_\_\_\_\_ (COFFEY COUNTY HEALTH DEPARTMENT APPROVAL REQUIRED)

**\*It is applicant's responsibility to check with all utility companies to assure availability of all other utilities such as gas, electric, telephone, etc.**

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Please attach a drawing that includes:

- The property with correct dimensions of the lot
- The area, size, and location of all present structures
- The area, size and location of any proposed structures
- The area, size and location of any drives, off-street parking areas, loading areas etc.
- Any other information deemed necessary by the Zoning Administrator to determine the proper enforcement of the zoning regulations.

The undersigned hereby certifies that the information in this application and attached drawings is correct and that they will comply with the zoning regulations of the City of Lebo and any permit issued upon any false statement or submission of any fact which is material to the permit will render the permit null and void.

APPLICANT'S SIGNATURE \_\_\_\_\_

OWNERS SIGNATURE IF DIFFERENT THAN APPLICANT  
\_\_\_\_\_

**\*Application is not complete and cannot be processed until all information is complete and received and the fee paid.**

ZONING OFFICE USE ONLY

A zoning permit as described and listed above and located at \_\_\_\_\_  
\_\_\_\_\_ is

Approved \_\_\_\_\_/Denied \_\_\_\_\_

this \_\_\_\_\_ day, of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Zoning Administrator, City of Lebo