

Town of Hot Springs

Application for Certification of Zoning Compliance

Name of Applicant: _____

Mailing Address: _____ Phone Number: _____

_____ Email Address: _____

Property Address: _____

Property PIN: _____

Application is hereby made for Certificate of Zoning Compliance or a building or land located in the Zoning District:

Residential Commercial 1 Commercial 2 Industrial

The building/land is to be used for: _____

Is a sketch plan of the proposed site plan is attached as a part of this application: Yes No

Main Structure Information

Number of Stories: _____ Size of lot in acres: _____

Number of dwelling units: _____ Lot size in Square Feet: _____

Height (35' maximum allowed): _____ Setback Front Yard: _____

Off street parking required: Yes No Setback Side Yard: _____

Number of off street parking spaces to be provided: _____ Setback Rear Yard: _____

Accessory Structure

All accessory structures must be located toward rear of lot.

Description (including use): _____

Height: _____ Setback from rear lot line: _____

New Addition Setback from side lot line: _____

Signature of Applicant: _____ Date: _____

Received by: _____ Date: _____

Approved: Yes No

THIS IS NOT A BUILDING PERMIT **Building permits must be obtained from the**
Madison County Building Inspections Department. **828 649-3766**

Conditions for Approval	_____

