CITY OF GILLETTE
ZONING PERMIT

Permit No.

TYPE OF PERMIT: ___ Construction or Alteration ___ Certificate of Occupancy
___ Use Permit ___ Home Occupation

Legal Description or Address: _____

_____

Name, Address and Phone Number of:

Owner_____

Agent_____

Present Use of Property:_____

Proposed Construction/Use:_____

Zoning District:_____

DISTRICT STANDARDS:

	Code Requirements	Proposed
Front Yard		
Side Yard		
Rear Yard		
Off-Street Parking		
Off-Street Loading		
Lot Coverage/Size		
Maximum Height		
Other		

Notes/Conditions:_____

_____

_____

APPROVED:_____ **DENIED:**_____

Reasons for denial:_____

_____

_____ _____
Applicant Date Zoning Administrator Date

SAMPLE