

--THIS BOX FOR OFFICE USE ONLY --

R1/09

Paid \$ \_\_\_\_\_

Date Submitted for Approval \_\_\_\_\_

To \_\_\_\_\_

(Circle) Action Taken: ---Approve

Date \_\_\_\_\_

---Deny

Ck # \_\_\_\_\_

Date and Initials \_\_\_\_\_

## Village of Bismarck - Zoning Application for Permit

Name of Applicant \_\_\_\_\_

Mailing address and 9-1-1 location, if different:  
\_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

FAX \_\_\_\_\_

E-mail \_\_\_\_\_

Date Application is being submitted \_\_\_\_\_

Location of Site: \_\_\_\_\_  
(Street Address)

Lot Area \_\_\_\_\_

Proposed Use \_\_\_\_\_

Accessory Uses \_\_\_\_\_

Yards -- Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_

Encroachments \_\_\_\_\_

Lot Coverage: \_\_\_\_\_

Off-Street Parking Spaces \_\_\_\_\_

Is this the primary building on the lot? Yes \_\_\_ No \_\_\_

Does this building replace another building? Yes \_\_\_ No \_\_\_

If "Yes," why is this replacement proposed?

Describe building in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this new construction? Yes \_\_\_ No \_\_\_

Is this a move-in building? Yes \_\_\_ No \_\_\_

If "Yes," describe the building in detail, including original purpose of building and age of building. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this building larger than the one it is replacing? Yes \_\_\_ No \_\_\_

Square footage of current building: \_\_\_\_\_  
Square footage of new/replacement building: \_\_\_\_\_

Does applicant own the current building? Yes \_\_\_ No \_\_\_

Will applicant own the replacement building? Yes \_\_\_ No \_\_\_

Does applicant own the lot on which the building is to be located?  
Yes \_\_\_ No \_\_\_

According to p. 74 of the zoning ordinance, the following must be provided:

- \* 1) The actual shape, location, and dimensions of the lot.
- \* 2) The shape, size, and location of all building or other structures to be erected, altered, or moved and any of any building or other structures already on the lot.
- \* 3) The existing and intended use of the lot and of all such structures upon it, including, in residential areas, the number of dwelling units the building is intended to accommodate.
- \* 4) Such other information concerning the lot or adjoining lots as may be essential for determining whether the provision of this Ordinance are being observed.

Signature \_\_\_\_\_

Owner/Agent grants permission for inspection of premises.

*Return the completed form and required information to: Zoning Administrator, Village of Bismarck, P. O. Box 141, Bismarck, IL 61814*