

Mitchell County Zoning Application

Date _____

Application Made By Name _____

Address _____ Phone _____

To: ___Build ___Alter ___Occupy Building on the following

Quarter _____ Section _____ Township _____ Range _____

Type of Building or Improvement Proposed _____

Size of Lot _____

Structure will set Back _____ feet from the right of way (road)

Structure will set back _____ and _____ feet from the sides of lot line

Occupancy Use _____

Type of sanitary disposal _____

Septic permit number _____

Type of work new _____ alteration _____ addition _____

Number of families to occupy structure _____

The undersigned applicant certifies under oath and the penalty of perjury that the information on this form is true and correct.

Owner or agent

Approved _____

Denied _____

Zoning Administrator