OP1869 OFFICE PRODUCTS PRINTING CO (731) 587-5363

 Date: / / Zoning District for Property: R-1 B-1 M R-2 B-2 	In the box below, show (a) a rough sketch of the lot, (b) location of streets & alleys, (c) shape, dimensions, & distance from lot lines of all existing & proposed buildings.
3. Property Owner: Name: Address:	
4. Contractor or Architect: Name: Address:	
5. Construction type:NewAlterationAddition	
6. Building type:FrameMasonryManufactured homeOther	
7. Foundation:SolidPier	I understand that any deviation from the information on this form will be grounds for a retroactive denial
8. Proposed Use:ResidentialCommercialIndustrial	of a zoning permit. In the event a manufactured home is to be installed, I also understand that I must meet all the conditions set forth in the attached exhibit before city utilities will be connected to the property. The information on this page and any attachments is
9. Distance from boundary lines in feet: front rt. side left side back	true to the best of my knowledge, information and belief.
10. No. stories:	Signature of Owner:
Height to top of roof line:ft. xft. N-S E-W	Signature of Tenant:
11. Estimated construction cost: \$	Signature of Architect or Contractor or Manuf. home installer:
FOR CITY OF	TFICIALS ONLY
Fee (\$25 / \$50 / \$75) received from Applicant.	Zoning Permit: Issued on/or
City Clerk	or Refused on//
All conditions have been met to allow the city utilities to be connected to the property.	Reason for refusal:
Zoning Inspector	Zoning Inspector