ZONING PERMIT APPLICATION
CITY OF CELINA, for
NEW DWELLINGS
Number of dwelling units: _____

Permit # _____
Date filed: _____
Zoning district: _____

Address of property: _____
Lot # and subdivision: _____
Estimated cost of improvements: _____
Owner's name: _____
Owner's address: _____
_____
Owner's phone: _____
Contractor: _____
Contractor's address: _____
_____
Contractor's phone: _____

The applicant hereby certifies that all information on, and attached to, this application is true and correct. The applicant also declares that no part of the land involved in this application has been previously used to provide required yard space and/or lot area for another use or building. The applicant acknowledges that all construction will be in compliance with the Construction Standards of the City of Celina and all applicable building codes.

Is proposed development located in a Floodplain (per City of Celina's current Flood Insurance Rate Map)? ❑ ***YES*** ❑ ***NO***
If yes the applicant must successfully obtain a Floodplain Development Permit from the Celina Engineering Office before a Zoning Permit can be issued.

OWNER OR OWNER'S AGENT _____
SIGNATURE

In issuing this permit the City of Celina acknowledges that the building and/or the use represented herein is in compliance with the zoning regulations of the City of Celina, Codified Ordinance Sections 1141 through 1199. It is the responsibility of the property owner to make sure that the actual construction and use are as stated on this application and plan, and to assure compliance with any other applicable laws. This permit expires one year after its issuance unless construction has reached 50% of completion.

ZONING INSPECTOR _____
SIGNATURE JEFFREY HAZEL DATE

FOR OFFICIAL USE ONLY

SINGLE-FAMILY DWELLING
Fee: $40.00 ❐ **Paid**

DUPLEX, TRIPLEX, ETC. ($25.00 per Unit)
Fee: $ _____ ❐ **Paid**

Planning Commission action: Conditional use permit required? ❐ Yes ❐ No

Existing Lot of record? ❐ Yes ❐ No Site plan approval required? ❐ Yes ❐ No

Variance Required? ❐ Yes ❐ No Date of BZA Approval: _____

Attached plan must show:
❐ Actual lot dimensions ❐ Building dimensions
❐ Minimum yard dimensions ❐ Street
❐ Dimensions and location of drive(s)
❐ Maximum height of building

Additional Comments: _____

Requirement checklist:	Regulations	Application	Staked
Lot area	_____	_____	
Lot width	_____	_____	
Minimum front yard	_____	_____	_____
Minimum side yard	_____	_____	_____
Minimum rear yard	_____	_____	_____
Maximum height	_____	_____	
Maximum percent lot coverage	_____	_____	
Floor area	_____	_____	
Off-street parking spaces	_____	_____	

Application Review:_____ _____ Stake Check: _____ _____

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