

ZONING PERMIT APPLICATION  
CITY OF CELINA, for  
**RESIDENTIAL ADDITION  
AND/OR CONVERSION**

Permit # \_\_\_\_\_  
Date filed: \_\_\_\_\_  
Zoning district: \_\_\_\_\_

Additional dwelling units: \_\_\_\_\_  
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.

- Plan must show:**     Actual lot dimensions             Existing building dimensions  
 Add'n. dimensions     Minimum yard dimensions     Maximum height of addition  
 Off-street parking     Street                                     Dimensions and location of drive(s)

***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**

**Fee: \$20.00**     Paid                                    **Planning Commission action:**  
Existing lot of record?     Yes     No                                    Conditional use permit required?     Yes     No  
Plan complete?             Yes     No                                    Site plan approval required?         Yes     No

**Additional requirements/notes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requirement checklist:**

	<u>Regulations</u>	<u>Application</u>	<u>Staked</u>
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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Initials Date

Initials Date

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