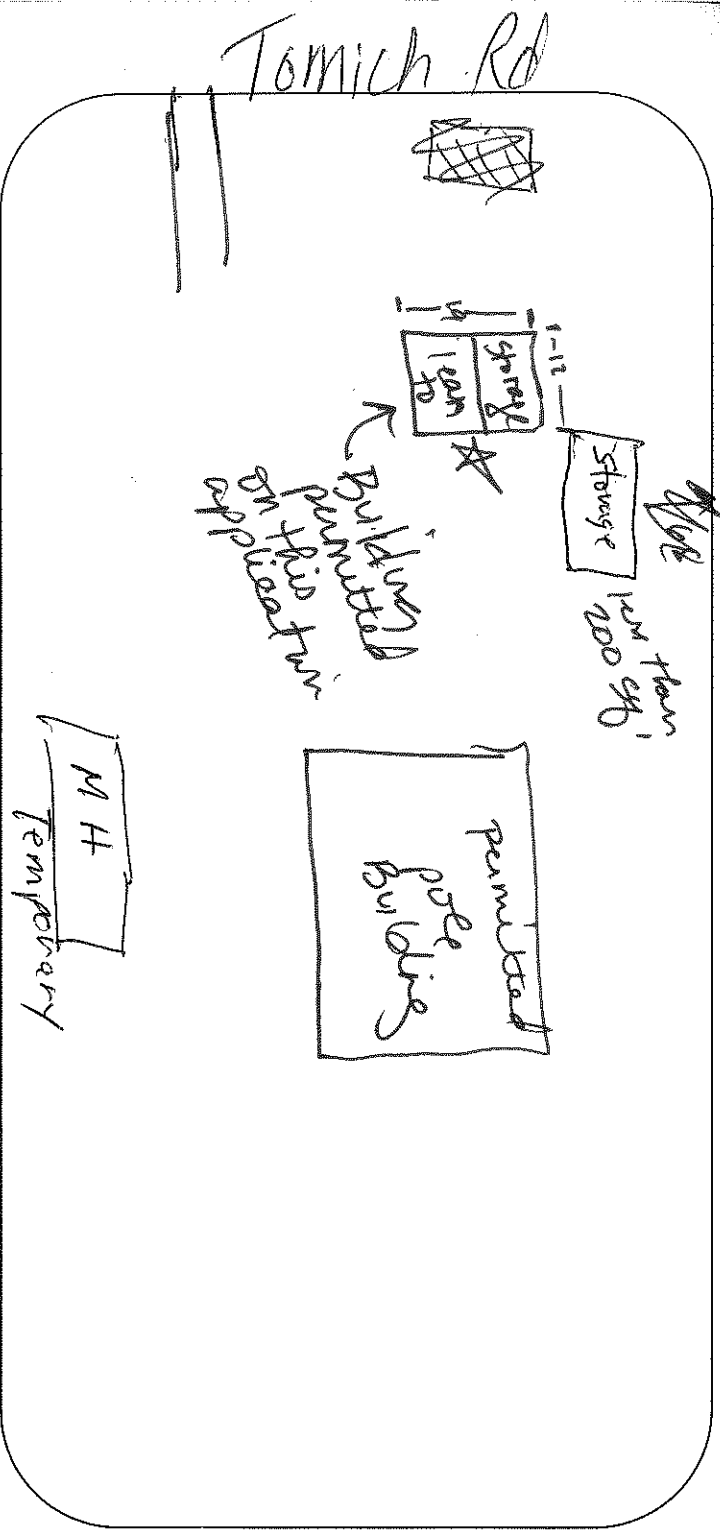




In the box below, Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet <del>550</del> 123	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet 368	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet 68	Setback from Wetland	Feet
Setback from the West Lot Line	Feet 555	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet 123	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>	Sanitary Number: <u>NA</u>	# of bedrooms: _____	Sanitary Date: _____
Permit Denied (Date): _____	Reason for Denial: _____		
Permit #: <u>16-0354</u>	Permit Date: <u>10-10-16</u>		
Is Parcel a Sub-Standard Lot: <input type="checkbox"/> Yes <input type="checkbox"/> No	(Deed of Record) <input type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No		Mitigation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-conforming <input type="checkbox"/> Yes <input type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: _____	Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Proposed Building Site Delineated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record: <u>Building Present. ATF</u>			
Date of Inspection: <u>9-27-16</u>	Inspected by: <u>Township Inspectors</u>	Zoning District: <u>(F/A)</u>	Date of Re-Inspection: _____
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)			
<u>Structure shall NOT BE USED FOR HUMAN HABITATION OR SLEEPING PURPOSES.</u>			
Signature of Inspector: _____			Date of Approval: <u>10-5-16</u>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>