CITY OF ST. MARYS APPLICATION FOR ZONING PERMIT

Date:	Applicant's Name:		
Permit No.:	Address:		
Fee: \$10.00 with application	Telephone No.:		
Subdivision: Basement: Yes: No Premises Presently Used As:	zo: No. of Stories:	or Lot No.:one Designation:Est. Cost:	\$
Type of work to be Bone.			
Parking Space Provided:	Location of Parking:	Covered:	Uncovered:
		This square represents your lot. Show the location of any proposed building, distances from lot lines, etc. Show dimensions of structure. Show overhangs and projections. If additional space is required, attach sheet to this application.	
		SHOW	NORTH
I am aware if this is a public building, a State Permit is required. I hereby agree that any construction contrary to this application and/or the Zoning Ordinance will be corrected at my expense.			
Signed (Applicant): Address (if different from above):	am ahaya).		
Name of Contractor (if different from	om above): Address:		