

ZONING/ACCESSORY USE PERMIT

Location of Project: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
Street City State Zip

Applicant's Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

- Proposed Use:  Change of Use  Chickens  Bees
- Mooncrest Historic Overlay  Other (Specify) \_\_\_\_\_  
(MCHO) Certificate of Compliance
- Shed under 250 Square feet  Deck under 30 inches

Property Information:

Zoning District: \_\_\_\_\_ County Lot & Block No.: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
Street City State Zip

Zoning Setbacks (the distance between the structure and the property lines):

Front Yard: \_\_\_\_\_ Rear Yard: \_\_\_\_\_ Right Side: \_\_\_\_\_ Left Side: \_\_\_\_\_

Project Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Applicant/Owner hereby certifies that the statements made herein and representations contained in all accompanying matter part of this application are true and correct. The Applicant/Owner shall be responsible for reviewing and fully understanding all permit conditions and insuring compliance to all applicable codes and ordinances. The Applicant/Owner shall also be responsible for any fees incurred in relation to the above project. The Applicant/Owner grants Moon Township Officials the right to enter onto the property for inspecting the work permitted and posting notices. As Applicant, I hereby certify that proposed work is authorized by the Owner of record and I have been authorized by the Owner to make this application as his authorize agent.

Applicant/Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_