

CITY OF MANNING



ZONING PERMIT

PERMIT NUMBER _____

APPROVED BY _____

APPLICANT _____

(PLEASE PRINT)

PHONE _____

LOCATION: _____

Street No.

Street Name

TAX MAP NUMBER: _____

Page

Block

Lot

Zoning District

MIN YARD REQUIREMENT (Setbacks):

PRIMARY Front _____ ft. Rear _____ ft. Side _____ ft. Height _____ ft.

SECONDARY Front _____ ft. Rear _____ ft. Side _____ ft. Height _____ ft.

PRESENT USE: _____

PROPOSED USE: _____

NATURE OF WORK: _____

CONDITIONS: _____

Signature of Applicant

Address

Date

NOTE:

Work described on this Zoning Permit must begin within 6 months of issue and must be completed within one (1) year.

Non-refundable application fee-\$15.00