

\$50 Permit Fee
Date Paid: _____

CITY OF ROCKFORD
ZONING PERMIT

Applicant: _____ **Telephone Number** _____

Property location (address, pp#, legal): _____

Zoning District: _____ **Proposed Use:** _____

To be completed by the City

	District Regulations	Proposed
Minimum lot area		
Minimum lot width		
Setbacks: Front Yard		
Side Yard		
Rear Yard		
Ground Floor S.F.		
Total Floor S.F.		
Height		
Lot Coverage		
Parking		
Sign		

Buffering required: Yes _____ No _____

Existing nonconforming conditions (lot, structure, use): _____

Variance granted: Yes _____ No _____

Date: _____

Type of Variance: _____

Conditions attached to prior approval (site plan, special use, PUD, etc.): Yes _____ No _____

Date: _____

List conditions: _____

Applicant's Signature: _____

Applicant's Email Address: _____

Zoning Permit Authorization: _____ Date: _____

Property survey attached

***We rely on dimensions provided on the site plan and it is the responsibility of the applicant to follow the approved Zoning Permit. Zoning Permit Expires 6 months after approval.**