

CITY OF DELAVAN
ZONING PERMIT APPLICATION

Date _____ 20__

STREET ADDRESS _____ OWNER _____

MAILING ADDRESS _____ PHONE NO. _____

TYPE OF CONSTRUCTION _____

CONTRACTOR/ARCHITECT _____
(NAME) (ADDRESS) (PHONE)

TYPE OF PERMIT

INTENDED USE

_____ Sign

_____ Fence

SETBACKS

_____ Gas/Fuel Tanks

Front _____ Rear _____ Side's _____

_____ Swimming Pools *
* (Electrical Permit also required)

Size of Lot _____ X _____

_____ Certificate of Compliance

SKETCH/SITE PLAN

OWNER/CONTRACTOR _____
(ADDRESS) (PHONE)

DATE APPROVED _____ PERMIT FEE _____ PERMIT NO. _____

BY _____
INSPECTION DEPARTMENT – CITY OF DELAVAN

STATE LAW REQUIRES YOU TO CALL DIGGERS HOTLINE 1-800-242-8511