

Date _____ Rec. # _____
Property Owner: _____ Lot _____
Property Address: _____ Blk _____
Mailing Address: _____ Sec _____
Phone Numbers: (w) _____ (h) _____ Cell _____ Fax _____
E-Mail Address: _____

Architect: _____
Mailing Address: _____
Phone Numbers:(w) _____ (h) _____ Cell _____ Fax _____
E-Mail Address: _____

Contractor: _____
Mailing Address: _____
Phone Numbers:(w) _____ (h) _____ Cell _____ Fax _____
E-Mail Address: _____

Nature of Request: _____

Architectural Style: _____

**** ABOVE TO BE COMPLETED BY APPLICANT ****

Applicable Restrictions

Lot square footage _____

House Faces: _____ N. _____ S. _____ E. _____ W.

House or Residence Set Backs: _____ feet to the front property line; _____ N. _____ S. _____ E. _____ W.

Garage or Outbuilding Set Backs: _____ feet to the front property line; _____ N. _____ S. _____ E. _____ W.

ROPO Policies: _____

Restrictions V. Request: _____

