## **CITY OF BOWLING GREEN**

Zoning and Comprehensive Plan Consistency Determination SIGN-OFF FOR PERMITS – VALID FOR 90 DAYS

MARK HERE FOR PAYMENT RECIEVED

**INSTRUCTIONS TO CUSTOMERS:** The request for a sign-off will not be processed by the City of Bowling Green unless your portion of this form is completely filled out, signed and dated. For additions, new buildings, sheds, and accessory structures a SITE PLAN <u>must</u> be attached to this form. **PLEASE PRINT IN ENGLISH** 

PROPERTY OWNER'S NAME:		PHONE:	
BUISINESS/CONTRACTOR:		PHONE:	
CONTACT'S EMAIL ADDF	RESS:		
PROPERTY OWNER'S PERMANENT ADDRESS		APPLICANT/CONTRACTOR'S ADDRESS	
	BER:		
CURRENT USE OF PROPERTY:			
		DATE:	
	TO BE COMPLETED B	BY THE CITY OF BOWLING GREE	N
ZONING DISTRICT:	_ Flood Zone SETBA	CKS: FRONT: SIDE:	REAR:
PROPERTY ON CITY WAT	ER: CITY SEWE	R: GARBAGE COLL	ECTION:
IS PROPERTY UNDER COI	DE ENFORCEMENT ACTION	? IF SO, DESCRIBE	
IS PROPERTY CURRENTL	Y IN COMPLIANCE WITH LD	OC & COMPREHENSIVE PLAN?	IF NO, WHY NOT:
*IS/WILL DRIVE-WAY CO INSPECT SITE. RESULTS		TS MEET COMPLIANCE: II	F NO, OR UNSURE PLEASE
	as reviewed the proposed improve and meets all zoning requirement	vements and found them to be in complia ents.	ance with the City's Comprehensive
DATE	TITLE	SIGNATURE OF PERSON AU	THORIZING SIGN-OFF
COMMENTS:			
* <u>NOTICE TO APPLICANT</u> : IF I TRANSPORTATION IN ARCAD FOR YOUR PERMIT.	NGKESS/EGRESS (DRIVEWAY) IS IA, FLORIDA MUST BE CONTACTI	TO BE LOCATED ON A STATE HIGHWAY, ED AND MUST PROVIDE A LETTER/COPY	THE FLOKIDA DEPARTMENT OF OF APPLICATION WHEN YOU APPLY

\*\* PLEASE ALLOW UP TO FIVE BUSINESS DAYS FOR CODE ENFORCEMENT TO PROCESS REQUESTS

\*\*\*BUSINESSES/CONTRACTORS MUST BE REGISTERED WITH THE CITY CLERK'S OFFICE BEFORE APPROVAL CAN BE ISSUED.