

CITY OF MORNING SUN

BUILDING PERMIT APPLICATION

Permit Number: _____ Date: _____

Property Owner Information

Name: _____ Address: _____

Phone: _____ Email: _____



Builder / Contractor Information (if builder isn't the property owner)

Name: _____ Company: _____ Phone: _____

Please pick one: _____ **if other, please explain here:** _____

Property Information

Address: _____ Zoned: _____ Stick Build Construction: ___ Yes ___ No

Subdivision: _____ Lot Number: _____ Pre-Manufactured Home: ___ Yes ___ No

Current Use of Existing Structure: _____

Proposed Change in use of Structure: _____

Lot or Tract Width: _____ Lot or Tract Depth: _____

Side Yard (ft): _____ Height of Structure(ft): _____ Stories: _____
(Distance Between Bldg. & Front Property Line) (Distance Between Grade & Highest Peak)

Front Yard Depth (ft): _____ Rear Yard Dept(ft): _____
(Distance Between Bldg. & Front Property Line) (Distance Between Bldg. & Rear Property Line)

I certify that the above information is true and correct to the best of my knowledge and that **all work will be started within (6) six months and completed within (1) one year of signature**, in accordance with the City of Morning Sun Zoning Ordinance. I hereby consent to allow a site inspection of the location specified above to verify land and compliance with the regulations of the City of Morning Sun Zoning Ordinance. Permit Fee is Non-Refundable. **I CERTIFY THAT:** One or more of the owners of the above dwelling/structure is also an owner of the land on which it will be located. **OR** The owner of the above dwelling/structure has my permission to locate it on the land that I own & authorize Louisa County to assess it to me.

Signature of Land Owner

Date

Signature of Applicant

Date

With the submission of this building permit application, the project must be staked out and lot pins found to allow the City Building Administrator to perform an inspection as part of the application.

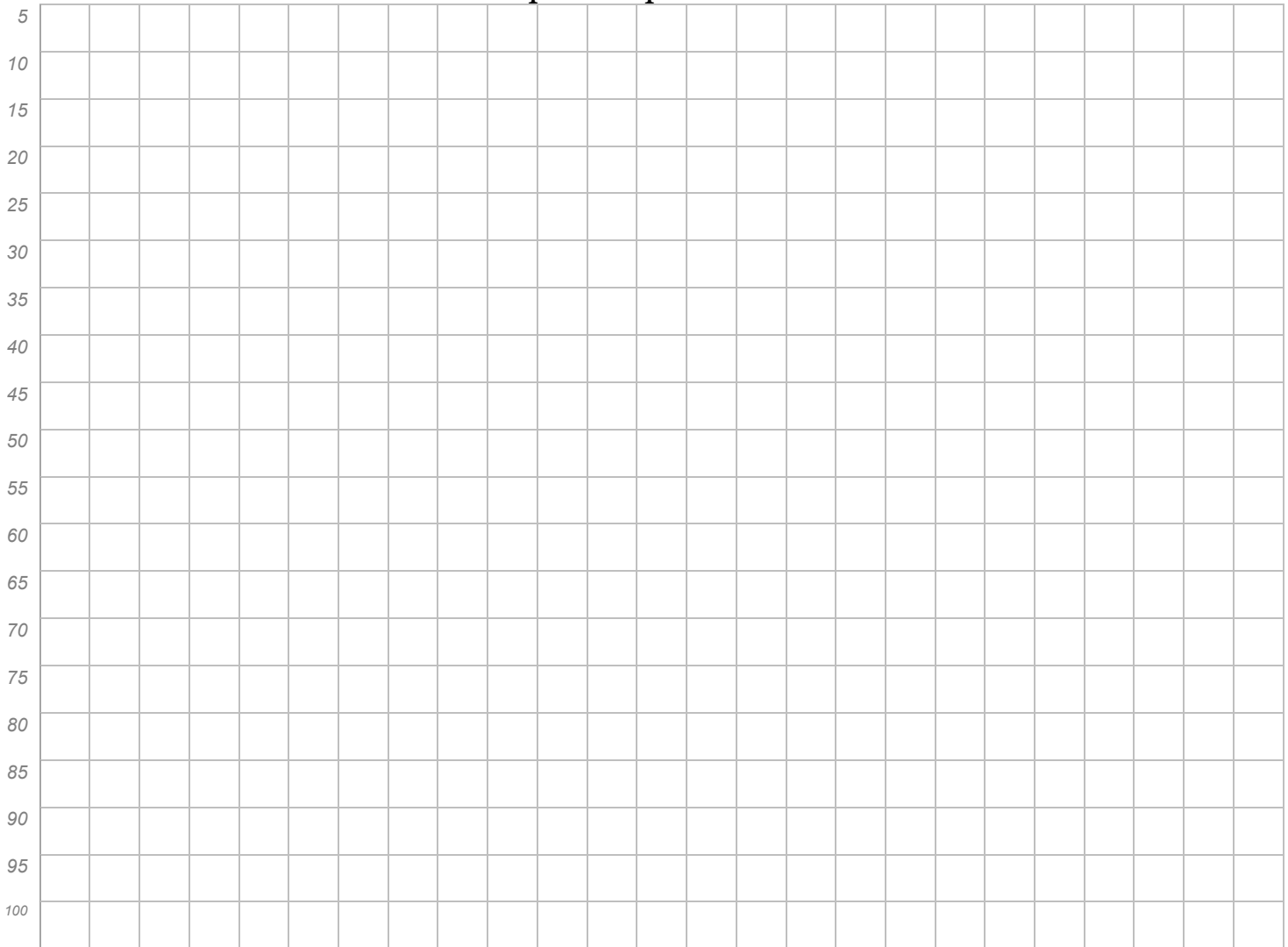
Full copies of the City Planning and Zoning Handbook can be found at www.cityofmorningsun.com or by visiting City Hall.

[continued on next page.]

Draw to scale with dimensions: proposed buildings, yards, etc., on the graph below and included with your application OR provide a to scale drawing that was provided and used by your builder/contractor.

1. Indicate north point and all abutting roads.
2. Show location of an structures and driveways. indicate if "new" or "existing".
3. Show dimensions of proposed structures and other development, expressed in feet.
4. There mmay be designated setbacks, which vary from one zoning district to another. The property owner is responsible and liable for exact measurements from all lot lines and road right-of-way lines. Check with the Building Administrator for zoning setbacks in the district in which you are improving.
5. Show shape and dimensions of your lot.
6. Show any public utility (water, sewer, gas, cable, telephone, electric, etc.) in red.
7. On moving, show present location in black and proposed location in red.
8. On remodeling, show existing walls in **black** and changes in **red**.
9. Be specific and detailed in your sketch and in your narrative statement, so the application furnishes a complete picture, in words and drawing, of what you propose to do.
10. Application and drawing must be complete in its entirety and returned with the building permit fee before it will be processed and approved.

One Square Equals 5 Feet



[continued on next page.]

BUILDING PERMIT APPLICATION FEES

New single family or multi-family \$100.00
Commercial/Industrial Construction.....\$200.00
Garages, Homes Additions, Carports.....\$50.00
Fences, Utility Sheds, Porches, Decks, ect.....\$50.00
Fences, Utility Sheds, Porches, Decks etc.....\$50.00
Driveways and sidewalks.....\$50.00
Sewer Hook Up Fee (New Connection).....\$100.00
Water Hook Up Fee.....(To be Determined)

Receipt is hereby acknowledged for the payment of \$ _____, as required with application.

Cash Card Check# _____

City Clerk: _____ Date: _____

Do you Request a Variance if **denied?**: ___yes___no

I hereby acknowledge my request for a Variance

Signature: _____ Date: _____

OFFICE USE ONLY

Permit: Approved / Denied

Building Administrator: _____ Date: _____

Mayor: _____ Date: _____

Variance: ___yes___no

Appealed to Council: ___yes___no Date: _____

Action of Council: _____

Action of Board of Adjustments: _____

Action of Council: _____

Comments: _____