

# CITY OF FLUSHING ZONING APPLICATION

Application Date \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (home) \_\_\_\_\_ PHONE (work) \_\_\_\_\_

Tax Parcel # of lot \_\_\_\_\_ Zoning District \_\_\_\_\_

Application Fee \_\_\_\_\_

Proposed Use of Parcel  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a Scaled Drawing. Drawings may be on 8 1/2 x 11 paper. Show the following:

- The dimensions of the parcel.
- Frontage on public or private streets or roads.
- Location, exterior dimensions (including height) of all existing and proposed buildings and their distance from each other and the lot lines.
- Existing and proposed parking spaces, including type of surface (gravel, concrete, asphalt).

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**The information below is to be filled out by the zoning administrator**

Zoning Administrator's Signature \_\_\_\_\_ Application approved:  Application denied:

Date \_\_\_\_\_  
If the application is denied, attach separate sheet listing reasons for denial.