

CITY OF WEST ALTON
LAND USE PERMIT

Land Use permit # _____

Zoning District _____

Property Owner Name _____

Location of Property _____

Sewage Disposal? Public ____ Private ____ / Water ? Public ____ Private ____

Description of Work _____

Specific type _____

Structure size _____ (sq ft) Height of structure _____ (ft)

Garage size _____ (sq ft) Comm/Ind/Pub _____

Set back (Note: On corner lots: 2 front yards and a plot plan are required)

Front yard _____ (ft)

Side yard _____ (ft)

Rear yard _____

(ft)

Front yard _____ (ft)

Side yard _____ (ft)

Lot width at building line _____ (ft) Parcel / Lot size _____

Parcel / lot has frontage on road of record ? (yes or no) _____

Has the subdivision plat been recorded ? (yes or no) _____ (X=N/A)

Number of dwellings on property _____ (only one dwelling is allowed except for multiple family zoning districts)

Is a site plan required ? (yes or no) _____ Date approved _____

Is the building in the 100 year flood plain ? (yes or no) _____

Variance required ? (yes or no) _____ Date approved _____

NOTE: A SKETCH OR PLAN OF THE PROPOSED SITE DEVELOPMENT, MAY BE REQUIRED. THE APPLICANT SHOULD CHECK WITH ST. CHARLES COUNTY RECORDS OFFICE FOR ANY DEED OR SUBDIVISION RESTRICTIONS. THIS PERMIT IS ISSUED WITH THE CONDITION AND UNDERSTANDING THAT THE APPLICANT COMPLIES WITH ALL EXISTING FEDERAL, STATE AND COUNTY LAWS. THE SIGNATURES ATTEST THAT THE INFORMATION SUPPLIED BY THE APPLICANT IS CORRECT, AND THE STRUCTURE FOR WHICH THIS PERMIT IS ISSUED WILL COMPLY WITH ALL REGULATIONS, RESTRICTIONS, AND CONDITIONS SPECIFIED HEREIN.

Owner if other than applicant

Signature of applicant

Permit approved by Commissioner

Date approved