



Fairbanks North Star Borough Department of Community Planning

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ZONING PERMIT APPLICATION

APPLICANT:	
Name:	
Mailing Address:	
Phone:	
Fax:	
E-mail:	

Property Information:	
Legal Description:	
Street Address:	Lot Size: <input type="checkbox"/> acres <input type="checkbox"/> square feet
Parcel Account Numbers (PAN):	
Existing Use & Structures	

Proposed Use/Construction:			<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial
Description of proposed use:					
If commercial, include number of employees, seating capacity, net sales/office sq. ft.					
Number of existing dwelling units:	Number of proposed dwelling units:	Total Number of dwelling units:			
Size of existing construction in square feet:	Size of proposed construction in square feet:	Building height/number of stories:			
Estimated cost of new construction:			Number of Bedrooms:		

I certify that (I am) (I am authorized to act for) the owner of the property.
I certify that the information included in this application is to the best of my knowledge true and complete.
I understand that processing of this application may take up to 5 working days.
I have attached a detailed site plan, drawn to scale, in compliance with the guidelines document titled "Site Plans" and the drawing is no larger than 11" x 17".
I understand that the Zoning Permit is appealable and that said appeal must be submitted and perfected within 15 days of the date of the decision in accordance with 18.54.070.
I can be notified of the decision at the above (phone number) (address).

APPLICANT SIGNATURE: _____ DATE: _____