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Zoning Compliance Permit Design Standards Checklist

The table below depicts the design standards of the site plan for a zoning compliance application. Please make sure to include all applicable listed items to ensure all appropriate standards are reviewed.

Zoning Compliance Permit

Plan Design Standards Checklist

Date Received: _____

Project Name: _____

Applicant/Property Owner: _____

Site Plan Design Standards

General		
1	Property owner name, address, phone number, and email address	
2	Site address and parcel identification number	
3	North arrow and scale to be 1" = 100' or larger	
4	Existing zoning classification of the property	
5	Scaled drawing showing property lines, existing and proposed development, vehicular use areas and landscaping	
Flood Damage Prevention, if applicable		
6	Boundary of the Special Flood Hazard Area (SFHA), Floodway, Coastal Barrier Resource System (CBRS) Area, water course relocation, or a statement that the entire lot is within a specific SFHA	
Other		
7	Other documentation deemed necessary by the zoning officer	

Zoning Compliance Permit Design Standards Checklist

Staff will use the following checklist to determine the completeness of your application. Please make sure all of the listed items are included. Staff shall not process an application for further review until it is determined to be complete.

Zoning Compliance Permit Submittal Checklist

Date Received: _____

Project Name: _____

Applicant/Property Owner: _____

Zoning Compliance Permit Submittal Checklist

1	Completed Zoning Compliance Permit Application	
2	Site plan, if applicable	
3	Documentation deemed necessary by zoning officer	
4	1 hard copy of ALL documents	

For Staff Only

Pre-application Conference (Optional)

Pre-application Conference was held on _____ and the following people were present:

Comments

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office use:

Automatic Draft Form

Date Entered:

- Selected Email Bill
- Selected Email
- Selected Draft YN
- Selected Draft Bank

Town of Red Cross

Utility Biling - Automatic Bank Draft Form

If you wish to begin this process & change your payment to draft, please fill out the required information below & return to Town Hall.

Your beginning draft date will depend on the date this form is received . Please also included a voided check attached to this form if possible.

Account type: Checking Savings

Bank:

Routing Number:

Account Number:

Please check one:

- I wish to continue receiving my monthly bill in the mail.
- I do not need a monthly bill mailed & will use my bank statement as my record.
- I would like to receive an email of my bill providing my gallons used & amount due.

My email address is: _____

Name on Water/Sewer Account:

Service Address

Phone Number

By signing below, I give the Town of Red Cross permission to draft from my specified bank account the monthly bill for utility services for the Town. The draft date will be on the 10th of each month. If the 10th falls on a weekend or bank holiday, the draft will be the Monday or day after. I have attached a voided check if I have one from the account to be drafted.

Signature of Account Holder: