



CITY OF GREEN RIVER ZONING PERMIT

PROPERTY ADDRESS: _____

Property Owner Information: Name: _____
Mailing Address: _____

Email Address: _____
Phone Number: _____ Fax Number: _____

Contractor Information: Name: _____
Mailing Address: _____

Email Address: _____
Phone Number: _____ Fax Number: _____

Contractors must obtain a Contractor's license from the City of Green River prior to commencing any work

PROJECT DESCRIPTION (i.e., fence, shed, etc...include dimensions, material to be used):

PROJECT COST: _____ **SITE PLAN ATTACHED:** _____
(PLEASE INITIAL)

*****Please note: It shall be the responsibility of the property owner to locate all property lines and construction shall conform to the approved site plan*****

Applicant Signature: _____ **Date:** _____

For Office Use Only

LOT ZONING: _____ OVERLAY DISTRICT: _____
Setbacks: Front: _____ Side: _____ Rear: _____ Corner: _____
Approved by: _____ Date: _____