## CITY OF ARCHER

## **ZONING PERMIT**

F	E: PERMIT #: FEES: \$
	Applicant: Name: Phone:
	Mailing Address:
	Location Address:
	Property Owner: (If other than applicant, written consent must be attached to application.)
	Name(s):
	Mailing Address:
	Phone:
	Purpose of application: Explain land use plans including expected traffic generation, possible expansion, etc. Also include and additional info needed, such as plot plans.
	Zoning Administrator to complete
	Current land use/ Zoning District
	This permit IS IS NOT granted based on the following information:
	Request does / does not comply with Permitted Uses Section 16, Land Development Code adopte by the City of Archer, August 1992.  Permitted uses being:

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·•	ZONING ADMINISTRATOR

IF THE APPLICANT DISAGREES WITH ZONING ADMINISTRATOR'S DECISION THE APPLICANT MAY APPEAL DECISION THROUGH THE ARCHER CITY COMMISSION AS OUTLINED IN ORDINANCE # 283-93 SECTION 11.