



### Single-Family Dwelling, Addition, Accessory Building, Swimming Pool or Duplex Application

**THIS SPACE FOR OFFICE USE ONLY**

USE TYPE: (check one) CU  PU  CU w/SPR  PU w/SPR  AGENDA DATE (If applicable): \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

MAP/ PARCEL NUMBER: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

REFERENCE OTHER PERMITS: \_\_\_\_\_

SETBACKS: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_ VARIANCES: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS OF APPROVAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE PRINT LEGIBLY**

DATE: \_\_\_\_\_

1. This Application is for: (Please check applicable)

- |   |  |
|---|--|
| <input type="checkbox"/> NEW SINGLE-FAMILY DWELLING | <input type="checkbox"/> BUILDING ADDITION |
| <input type="checkbox"/> ACCESSORY BUILDING         | <input type="checkbox"/> SWIMMING POOL     |
| <input type="checkbox"/> NEW DUPLEX                 | <input type="checkbox"/> FENCE             |

2. Street Address of property: \_\_\_\_\_

3. Applicant's Name: \_\_\_\_\_

4. Applicant's Mailing Address: P. O. Box/ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. E-mail address for primary contact (required) \_\_\_\_\_

***PLEASE NOTE: When possible, any correspondence for an agenda item will be by email.***

6. Name of Owner or Property Manager: \_\_\_\_\_

7. Applicant's Daytime Phone Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

8. Is this property on Public Sewer?  or Septic Tank?

***PLEASE NOTE: Septic Tank approval from the Health Department is required for all new construction projects not connected to public sewer.***

9. What is the height of the proposed dwelling measured from the ground to the ridge line of the roof? \_\_\_\_\_ ft.

10. What is the size of the property? Number of acres \_\_\_\_\_ or Number of square feet \_\_\_\_\_

11. Is there a creek, stream, or major drainage way on this property? Yes  No

12. Is this property or a portion thereof located in an established 100-year flood plain? Yes  No

13. **At the bottom of this form, or on a separate sheet of paper, provide a drawing that shows the following information:**

- (A) The shape of the entire lot, including the location of streets adjacent to the property.
- (B) The location of all buildings, existing and proposed, including the setback of each building from the property lines.
- (C) The location of any streams, creeks, or easements.

**PLEASE READ, SIGN AND DATE**

This application does not violate any restrictive covenants applicable to the property and all statements are true to the best of my knowledge and belief. I realize that distances should be exact and if errors result in a violation of zoning regulations, then the structure will have to be removed.

As applicant, I hereby grant permission for Planning and Zoning personnel to enter upon and inspect the property for all purposes allowed and required by the Comprehensive Land Development Resolution for Macon-Bibb County, Georgia.

I hereby attest that I am the owner of the referenced property or have permission from the owner to make this application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please make checks payable to Macon-Bibb County Planning and Zoning Commission  
If you have any questions and or concerns, please contact us at [info@mbpz.org](mailto:info@mbpz.org)**