

DATE: _____

CITY OF CANTON
RESIDENTIAL
STORAGE SHED / ACCESSORY BUILDING
ZONING APPLICATION FORM:
50.00

PLOT PLAN

JOB ADDRESS: _____

OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____

PHONE # () _____

PROPOSED BUILDING SIZE: _____

PROJECT COST: _____

ZONING DISTRICT: _____

PROPERTY LINE SETBACKS:

FRONT: _____ REAR: _____

(L) SIDE: _____ (R) SIDE: _____

LOCATION of STRUCTURE : _____

CONTRACTOR INFORMATION:

COMPANY: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE () _____ FAX () _____ EMAIL: _____

SIGNATURE: _____

Owner / Agent / Contractor

