



Town of Carthage

Zoning & Subdivision Request Form

Site Plan Approval Form

Updated: 1/15/2023

Applicant Information

FEE: \$ _____

Applicant's Name	Phone	Email
Applicant's Address		City, State, Zip

Property Owner Information (if different)

Owner's Name	Phone	Email
Owner's Address		City, State, Zip

Site Information (if applicable)

Site Address (if applicable)	LRK/Parcel ID#	Business Name	
Lot Size	Current Zoning	Proposed Zoning	# Of Proposed Parcels
Proposed Use		Proposed Utilities <input type="checkbox"/> Public Water <input type="checkbox"/> Public Sewer <input type="checkbox"/> Private Well <input type="checkbox"/> Private Septic	

Proposed Building

Square Footage	Height	# of Parking Spaces	Handicapped Spaces <input type="checkbox"/> Yes <input type="checkbox"/> No #
Front Setback	Rear Setback	Side Setback	Corner Setback

Existing Building

Square Footage	Height	# of Parking Spaces	Handicapped Spaces <input type="checkbox"/> Yes <input type="checkbox"/> No #
Front Setback	Rear Setback	Side Setback	Corner Setback

Explanation of Request: (Please be as specific as possible)

The applicant agrees to comply with all of the applicable laws regulating the described work and operate or build according to the Town and state regulations in effect at the time of the issuance of the certificate or permit. Where applicable, a building permit or sign permit will be required.

***** Upon consultation with the applicant, the applicant chooses to pursue _____ zoning designation.**

Applicant Signature

Date

Property Owner Signature

Date

FOR OFFICE USE ONLY

Date Application/Materials Submitted: _____

Received By: _____

Approved: Yes No

Date Approved: _____

Approved By: _____