

**TOWN OF EAGAR, COMMUNITY DEVELOPMENT
CLEARANCE CHECKLIST ZONING**

Date Processed: _____

Name of Applicant: _____ Permit Number: _____

Address: _____ Phone Number: _____

Parcel Number: _____ Current Zoning: _____

The following items will be checked to insure new construction meets the zoning requirements

Checked By	Notes
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_____ Minimum Lot Area: _____

_____ Minimum Lot Area Per Unit: _____

_____ Minimum Average Lot Width: _____

_____ Minimum Lot Frontage: _____

_____ Minimum Front Yard Setback: (Is it a corner Lot? Yes/No): _____

_____ Minimum Side Yard Setback: _____

_____ Minimum Rear Yard Setback: _____

_____ Minimum Dwelling Size: _____

_____ Maximum Lot Coverage: _____

_____ Maximum Building Height: _____

_____ Minimum Building Elevation: _____

_____ Does it meet the permitted uses for the zone? _____

_____ Is a conditional use permit required? Yes/No: _____

_____ Flood Zone: Is it a flood zone? _____

(If so how high must the building be elevated. Attack requirements for construction
in a floodplain to permit. Applicant must submit Floodplain Encroachment application)

_____ Is the dwelling a manufactured home? Yes/No: _____
(If so note the foundation, skirting and other requirements on the building permit)

_____ Access: Location of driveway. Is it close to an intersection or fronts an ADOT
road? If yes Public Works and or ADOT must approve location of driveway. _____
