



Entrepreneur Architect

Zoning Analysis Checklist

Date Prepared:
Prepared By:
Checked By:

Client Information

Client Name:
Mailing Address:
City, State, Zip:
Telephone No.:

Project Information

Project Name:
Project Number:
Project Address:
City, State, Zip:

Type of Construction:
Authorizing Town / City:
Zone District:
Tax Designation Section:

Sheet:

Block:

Lot:

Zoning Requirements

Required

Existing

Proposed

Lot Area (Acres / Square Feet):
Frontage / Lot Width (Feet):
Lot Depth (Feet):
Front Yard Setback (Feet):
Rear Yard Setback (Feet):
Single Side Yard Setback (Feet):
Combined Side Yard Setback (Feet):
Average Height (Stories / Feet):
Floor Area (Square Feet):
Ground Floor Area (Square Feet):
Building Coverage (Square Feet):
Development Coverage (Square Feet):

(Min)
(Min)
(Min)
(Min)
(Min)
(Min)
(Min)
(Max)
(Min)
(Min)
(Max)

Fire Suppression / Sprinkler System required:

Yes

No

Required Permits and/or Approvals

Construction Permit
Special Use Permit required:
Wetlands Permit required:
Other permit(s) required:

Yes
 Yes
 Yes

No
 No
 No

County Board of Health approval required:
Zoning Board of Appeals approval required:
Planning Board (Site Plan) approval required:
Board of Architectural Review approval required:
Board of Historic Preservation approval required:
Other required approval(s):

Yes
 Yes
 Yes
 Yes
 Yes

No
 No
 No
 No
 No

Remarks

Principal's Full Name
Address, City, State Zipcode

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