

# STRUCTURE SETBACK COMPLIANCE STATEMENT

## ROCK ISLAND COUNTY ZONING DEPARTMENT

NAME:	
MAILING ADDRESS:	
CITY, ST, ZIP:	

### DESCRIPTION OF PROPERTY

PROPERTY ADDRESS:	CITY:
PARCEL NUMBER:	TOWNSHIP:

SHOW SIZE OF LOT, PROPOSED DISTANCE FROM ALL PROPERTY LINES, ROADS, LOCATION AND DIMENSIONS OF EXISTING BUILDING(S) AND PROPOSED BUILDING(S), AND DIMENSIONS OF ALL ADDITIONS TO STRUCTURES (I.E., DECKS, GAZEBOS, 4 SEASON ROOMS, ETC.).

### ADDITIONAL INFORMATION CONCERNING STRUCTURE

SIZE:
PROPOSED USE OF STRUCTURE:

THE OWNER BY HIS OR HER SIGNATURE ON THIS STATEMENT WARRANTS THE TRUTHFULNESS OF THE INFORMATION CONTAINED ON THIS DOCUMENT, INCLUDING THE USE AND PURPOSE OF THIS STRUCTURE TO BE BUILT.

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

FOR OFFICE USE ONLY	
SHEET:	SECTION:
SUBDIVISION/LOT #:	ZONING:
DETERMINATION FOR THIS STRUCTURE:	ASSESSOR: