

ZONING APPLICATION

APPLICATION FOR ZONING USE PERMIT			
LOCATION/OWNER	Street # _____	Street name _____	AV, RD, ST _____
	Suite # _____	Development /Project / Subdivision _____	phase _____
	Owner _____	Address _____	
	City _____	State _____	Zip _____
ZONING	Parcel Number _____ Zoning _____ <input type="checkbox"/> Flood Plain		
	Minimum Setbacks: Front _____ R. Side _____ L. Side _____ Rear _____		
PURPOSE	Conditions:		
	<input type="checkbox"/> Accessory Building (Less than 144 Sq. Ft.)	<input type="checkbox"/> Parking	
DESCRIPTION	Occupant _____ Phone _____		
	Intended Use _____ Previous Use _____		
	Business Name _____ Parking Spaces Provided _____		
	# of Employees _____ % of Floor used for Home Occupation _____		
APPLICANT	Applicants Name _____ Address _____		
	City _____	State _____	Zip _____ Phone _____
	email _____ Relationship to owner _____		
The undersigned hereby certifies he/she is either the owner or authorized agent of the owner and herby makes application for permit and inspection of work described and agrees to comply with all applicable laws and regulations			Fee

Signature

Date

Approved By

Date