APPLICATION FOR A ZONING PERMIT

DATE:_____PHONE NO:_____

LOCATION:_____

(STREET ADDRESS)

BLOCK:_____ LOT:_____QUAL CODE:_____

OWNER OF RECORD: NAME:_____

MAILING ADDRESS:_____

ZONING DISTRICT:_____LOT AREA:_____

PROPOSED USE:_____

ACCESSORY USES:----------

YARDS: FRONT:_____REAR:_____SIDE:_____

ENCROACHMENTS (FLOOD PLAIN, ETC.):_____

BUILDING DIMENSIONS (OUTSIDE MEASUREMENTS):_____

TOTAL SQUARE FEET OF BUILDING (USE OUTSIDE DIMENSIONS}:_____

PERCENT OF TOTAL LOT COVERAGE: PROJECT:_____TOTAL:_____
(Includes all impervious surfaces; i.e., pavement, sidewalk, and all structures)

HEIGHT OF BLDG:____NUMBER OF STOREYS:____ESTIMATED COST:_____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his or her authorized agent and we agree to conform to all applicable Jaws of this jurisdiction.

_____

Signature of Applicant Address Date

Enclose Fee: Commercial $50.00 Residential: $40.00 by Check or Money Order.

DO NOT WRITE BELOW THIS LINE

ZONING OFFICER'S FINDINGS
PLANNING BOARD APPROVAL REQUIRED?_____ZONING BOARD?_____

OTHER REMARKS:

_____

_____ ----------

APPROVED / DENIED

(DATE) (ZONING OFFICER)