



Zoning Application

Permit #

Owner Information

Name: _____

Address: _____
Street City State ZIP

Phone: _____ E-mail: _____

Description of Work _____

Class of Work: (Circle One)

____ New ____ Addition ____ Alteration ____ Repair

Is this a corner lot?

____ Yes ____ No

Pins located?

____ Yes ____ No

Survey Attached?

____ Yes ____ No

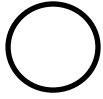
Zoning Administrator

Approved

Date: _____

Denied

Reason: _____



Indicate north in the circle

PLOT PLAN

I/We certify that the proposed construction will conform to the dimensions and uses shown above and that no changes will be made without first obtaining approval.

Owner – Please print

Signature

Date