



ZONING PERMIT APPLICATION

Complete only the information on left side.

Purpose of Application

New Construction:

Commercial Residential Mobile Home

Existing Building:

Addition Alteration Repair Roofing

Accessory Building/Use

Change of Use

Other (Please Specify) _____

Property Address _____

Current or most recent type of activity/use _____

Proposed Business or Activity/Use

Name of Business: _____

Type of proposed business or use (describe activities):

Applicant

Property Owner Business Owner

Other _____

Name: _____

Address (if different than above): _____

Phone # _____

Email: _____

Date property acquired: _____

I have completed this application truthfully and to the best of my ability.

Signature of Applicant _____ Date _____

To be completed by Zoning/Town Official

Current Zoning District(s): _____

The proposed use **IS PERMITTED**

The proposed use **IS NOT PERMITTED**

Lot Size (Sq. ft or Acres): _____

Required Lot Area: _____

Required Lot Width: _____

Corner Lot: Yes No

Setbacks:

Front _____ Side _____ Rear _____

Off-Street Parking # Required: _____

Public Water Public Sewer

Lot Coverage: _____ Allowed: _____

Special Development Permit/Conditional Use

Site Plan

Floodplain _____

Other Requirements: _____

Property PIN: _____

Fee Paid: _____ Receipt #: _____

Application Received: _____

Approved

Not Approved

Remarks:

Signature of Zoning Official _____ Date _____