



ZONING COMPLIANCE PERMIT APPLICATION

Property Address: _____

Parcel/Sidwell #: _____

Applicant Name: _____

Phone #: _____ E-mail: _____

Zoning District: _____

Present Use: _____

Intended Principal Use: _____

Intended Accessory Use: _____

Notes: _____

Building/Property Owner Name: _____

Building/Property Owner Signature: _____

Date: _____

Applicant Name (if not the same as owner): _____

Applicant Signature: _____

Date: _____

PERMIT EXPIRES SIX MONTHS FROM DATE OF APPROVAL