



Zoning Application



IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner In Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (____) _____

ZONING OFFICER COMMENTS (Office Use Only)

APPROVED ()

DENIED ()

Signature of Zoning Official _____

Date _____

Est. Cost of Bldg. Work:

Total \$ _____

Date Received
 Control #

Date Issued
 Permit #

CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature _____

TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:

- Courts (Basketball, etc)
- Driveway
- Fence
- Pools
- Shed
- Other _____

FEE (Office Use Only)

\$

TOTAL FEE \$