ZONING PERMIT APPLICATION

An appointment to submit this application to the zoning officer is recommended
Jim Pjura 222-2559

(Please submit $50.00 filing fee with this application. Check #_____)

LOCATION: _____

OWNER'S NAME: _____
OWNER'S ADDRESS: _____
OWNER'S PHONE: (_____) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS. IF YES, SUPPLY A COPY OF THE RESOLUTION

	(CIRCLE ONE)	
1. DOES A SPECIAL PERMIT APPLY TO THIS PROPERTY:		
IN HOME OCCUPATION	Y	N
APARTMENT	Y	N
2. WAS A ZBA VARIANCE GRANTED:	Y	N
3. WAS A CONSERVATION COMMISSION REGULATED ACTIVITY PERMIT ISSUED FOR THIS PROPERTY:	Y	N
4. P&Z COMMISSION CONDITIONS ISSUED:	Y	N

APPLICATION DATE: _____

SIGNATURE OF APPLICANT: _____

I HEREBY CERTIFY THAT THIS APPLICATION IS BEING FILED BY THE UNDERSIGNED AS AGENT FOR THE OWNER NAMED HEREIN.

SIGNATURE OF AGENT: _____

For office use only below this line

FOUNDATION AS BUILT BEFORE FRAMING	**Y**	**N**
PLOT PLAN	**Y**	**N**
DRIVEWAY PERMIT	**Y**	**N**
HISTORIC DISTRICT	**Y**	**N**

ZONING INSPECTOR SIGNATURE _____ **DATE** _____