

APPLICATION FOR BASIC DEVELOPMENT
ZONING APPROVAL

(Please Print)

Date: _____ Tax Map No.: _____ Zoning: _____

Property Address: _____

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone No. : () _____

Description of Project/Work: _____

New Structure: _____ Modification to Old Structure: _____

Proposed or Existing Use of Structure:

- | | |
|-------------------------------|------------------------|
| _____ Single family residence | _____ Room Addition |
| _____ Two family Dwelling | _____ Fence or Wall |
| _____ Deck Additon | _____ Garage |
| _____ Porch Addition | _____ Storage Building |
| _____ Swimming Pool | _____ Other: _____ |

Applicant's Signature: _____ Date: _____

Cost of Improvements: _____

Name of Construction Company: _____

Name of Property Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Zoning Approval: _____ Yes _____ No Variance needed _____ Resubmit: _____

Zoning Official's Signature: _____ Date: _____

APPLICATION FOR BASIC DEVELOPMENT
ZONING APPROVAL – SITE PLAN

(Please Print)

SCALE: _____