

ZONING ORDINANCE / AND ZONING PERMIT APPLICATION

TO BE COMPLETED BY APPLICANT

DATE _____

(Please Print)

Property Address _____

Applicant Name _____

If Commercial, Company Name _____

Mailing Address _____

Phone _____ Cell _____ Fax _____

IF APPLICANT IS NOT THE OWNER, complete the following:

Property Owner Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

Location _____ Lot _____

CURRENT ZONE

ZONE CHANGE
