

APPLICATION FOR REZONING / CONDITIONAL USE PERMIT

FEE: \$60.00 (R-1 AND R-2 REQUESTS)
\$250.00 (R-3, COMMERCIAL, AND INDUSTRIAL REQUESTS)

MAKE AN APPOINTMENT WITH INTERIM ZONING ADMINISTRATOR **DAVID LASPA** AT **421-8210** FOR THE DAY YOU PLAN TO RETURN THIS FORM. HE MUST REVIEW YOUR APPLICATION.

APPLICANT MUST COMPLETE BOTH SIDES

Name of Applicant: _____

Address of Applicant: _____ Phone: _____ - _____

Address / Location of Property: _____

Signature of Owner: _____

Mailing Address of Owner: _____

Tax Key #: 34- _____ Description of the Action Requested: _____

Size of Lot: _____ Acres: _____ OR Square Feet: _____

Frontage Streets: _____

Utilities can be obtained from the following streets: _____

OR Utilities are not available from an adjacent street:

A SITE PLAN MUST BE ATTACHED.

A SIGN: IS NEED FOR THIS USE
 IS NOT NEEDED FOR THIS USE

If a sign is needed, attach a diagram showing the dimensions, the mounted heights above grade, and the location of the sign.

I understand that this application cannot be processed until all of the above information is present, including the site plan and signature of the owner of record. Failure to provide the information requested may result in forfeiture of the application fee.

Signature of Applicant: _____ Date: _____

Date of Application: _____ Fee Paid: \$ _____ Receipt # : _____

Type of Action Required: _____

Signature of Building Inspector/Zoning Administrator

