



ZONING PERMIT APPLICATION

Office use only

LOCATION #: _____ PARCEL #: _____ ZONING DISTRICT: _____

ZP# _____ **Payment Code: ZP 21 Zoning Permit**

PROPERTY ADDRESS: _____

APPLICANT: _____ PHONE: _____

MAILING ADDRESS: _____

EMAIL: _____ PHONE: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

OCCUPANT (if different from applicant/owner): _____

PROPOSED USE/DESCRIPTION: _____

SKETCH PLAN OR ATTACH SITE PLAN

PLANNING STAFF APPROVAL _____ DATE _____

*This permit is for **zoning approval only**, and the proposed use may still require approval from Building Inspections, Fire Marshall, Environmental Health, and other local, state or federal agencies.*