

Office Use Only:

Application #:

Payment Method: Cash___ Check___ Credit Card___ Amount \$_____ Date Paid_____

Zoning Application

Note: Application will not be considered until all required submittal components listed have been completed

Applicant's Name: _____ Phone: _____
Applicant's Mailing Address: _____

Property Information:

Property Location: _____
Property Owner's Mailing Address: _____
Property Owner Name: _____ Phone: _____
Tax Map and Parcel Number: _____ Existing Zoning: _____

Which are you applying (Check all that apply):

Rezoning by Right _____ Conditional Zoning _____ Conditional Rezoning _____ Text Amendment _____

Fill out section(s) that apply:

Rezoning by Right:
Proposed Rezoning Designation _____

Conditional Zoning:
Proposed Conditional Use _____
Acreage _____ Square Feet _____ Approximate Height _____ # of Rooms _____
Parking Spaces Required _____ Parking Spaces Provided _____ ****Please Attach Site Specific Conditional Plan**

Conditional Rezoning:
Proposed Conditional Rezoning Designation _____

Text Amendment:
Section _____ Reason _____
Proposed Text Change (Attach if needed) _____

I do hereby certify that all information which I have provided for this application is, to the best of my knowledge, correct.

Signature of Applicant

Date

Signature of Property Owner (If not Applicant)

Date

Signature of Town Official

Date