



ZONING APPLICATION

MUNICIPALITY: _____ DATE: _____

APPLICANTS NAME: _____

PROPERTY ADDRESS: _____ PARCEL ID: _____

_____ ZONING DISTRICT: _____

CONTACT NUMBER: _____ EMAIL: _____

RESIDENTIAL _____ COMMERCIAL _____

PROJECT DESCRIPTION / PROPOSED USE: _____

PROPOSED SQFT: _____

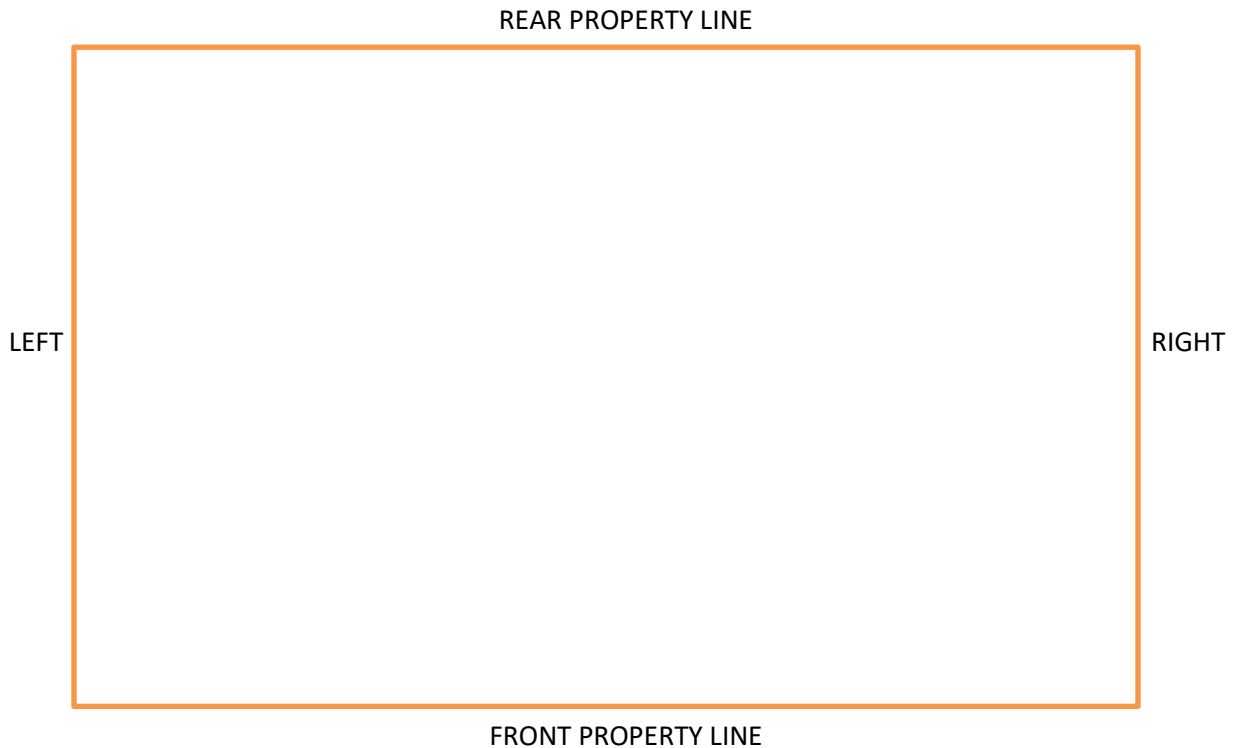
SITE SUREVY ATTACHED: _____ YES _____ NO*

* If you do not have a survey then a survey waiver must accompany this application and the bottom section of this application must be completed.

PROPOSED SETBACKS:

_____ Feet from front property line _____ Feet from rear property line

_____ Feet from left property line _____ Feet from right property line



Under penalty of law I/we certify that the above information is true and correct:

Signature Date Printed Name