



OFFICE USE ONLY
PERMIT # _____

APPLICATION FOR ZONING OPINION LETTER

OWNER NAME _____ TAX MAP PARCEL # _____

PROPERTY ADDRESS _____

PHONE _____ EMAIL _____

FEE: \$100 PAYABLE AT TIME OF APPLICATION

REQUEST _____

AUTHORIZATION

I hereby agree that the thirty (30) business day review period for the Building Permit application associated with this project will NOT commence until a Zoning Permit has been issued for this project.

APPLICANT SIGNATURE _____ DATE _____

OWNER SIGNATURE _____ DATE _____
(If Different from Applicant)

OFFICE USE ONLY	
ZONING OFFICER COMMENTS	_____ _____ _____ _____ _____
ZONING OFFICER SIGNATURE	_____ DATE _____