



Zoning Compliance

APPLICANT INFORMATION

Applicant's Name: _____

Best Contact Number: _____

Mailing Address: _____

E-Mail: _____

PROPERTY INFORMATION

Physical Address: _____

Tax Map #: _____

Occupancy Use: Commercial

Residential

Property Use: _____

(Detailed description of the property's **current or previous** use. ie: Retail, Manufacture, Service, Office etc)

Initial all that apply:

_____ I am NOT applying for a change to Occupancy or Property Use.

_____ I am ONLY requesting verification of compliance for current Occupancy or Property Use.

_____ I am requesting a CHANGE to Occupancy or Property Use.

REQUESTED CHANGES:

Occupancy: Commercial

Residential

Property Use: _____

FOR INTERNAL USE ONLY

APPROVED

DENIED

Zoning District: _____

Buffer Zone Rqrd? _____

Set Back Requirements:

FRONT LEFT RIGHT REAR

Max Height: _____

FEET

Max Imp Surface Ratio: _____

Max Floor Area Ratio Non.Res Uses: _____

Comments: _____

Printed Name of Reviewing Manager

Signature

Date