

## **ZONING COMPLIANCE APPLICATION**

**Applicant's Name:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**Applicant's Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Building Owner's Name:** \_\_\_\_\_

**Building Address:** \_\_\_\_\_ **Lot #:** \_\_\_\_\_

**Sidwell:** \_\_\_\_\_ **Is this a corner lot?** \_\_\_\_\_ **Interior lot?** \_\_\_\_\_

**Zoning:** \_\_\_\_\_ **Prior Building Use:** \_\_\_\_\_

**Proposed Use:** \_\_\_\_\_ (Provide letter outlining business operations<sup>1</sup>)

**Proposed Business Name:** \_\_\_\_\_

### **Structure Information**

**Type:** \_\_\_\_\_ **Size:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Please attach a plot diagram, including additions and/or alterations, showing the following:**

- **Actual shape, location and dimensions of the lot together with any easements**
- **Dimensions, including height, and location of all buildings already on the lot, and the location of all structures to be erected, altered or moved**
- **Proposed setbacks of structures from the property lines and the principal building**

**Subdivision Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(where required)

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Zoning Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of the zoning officer above signifies that in the opinion of the inspector/administrator, the intended use, building or structure being established, constructed, expanded or changed is in a manner consistent with the zoning ordinances.**

**\*\*ONE-TIME \$50.00 FEE REQUIRED WITH FORM SUBMITTAL\*\***

<sup>1</sup> Food handling establishments must specify seating capacity and food service dishware/utensils; Salons/Barbershops must specify number of sinks/rinsing bowls; Exercise facilities must specify number of showers and/or pools