

APPLICATION & ZONING DETERMINATION*
PLANNING DEPARTMENT
771-1180 ext. 438



Applicant Name _____ Owner Purchaser Lessee Representative

Applicant Mailing Address _____ Phone _____

Property Address or Legal Description for which determination is requested:

Explain proposed use(s) or nature of inquiry in detail: _____

Certification: I hereby certify that I have provided this information in order to obtain a zoning determination and I am responsible for its accuracy.

 (Date)

 (Signature)

FOR OFFICE USE ONLY

Date received _____

Request No. _____

Zoning District _____

Fee paid _____

Parcel # _____ Location ID _____

Legal Description: Lot _____ Block _____ Addition _____

Determination: _____

Determination made by _____

Date issued _____

Planning Staff Signature

*This form may also be used to request a determination of the legality of an existing nonconforming use.