

ZONING CLEARANCE REQUEST:

PROJECT ADDRESS:	PARCEL #:
APPLICANT:	
APPLICANT ADDRESS:	
EMAIL ADDRESS:	
ADDITIONAL DETAILS FOR REQUEST:	
I hereby certify that the information on this ap	oplication and all related submittals are true
and correct. SIGNATURE:	DATE:
EMPLOYEE:	DATE:
ZONING OF PARCEL:	_
PERMITTED USES OF ZONING TYPE:	
· 	

For internal use

Date received: ____