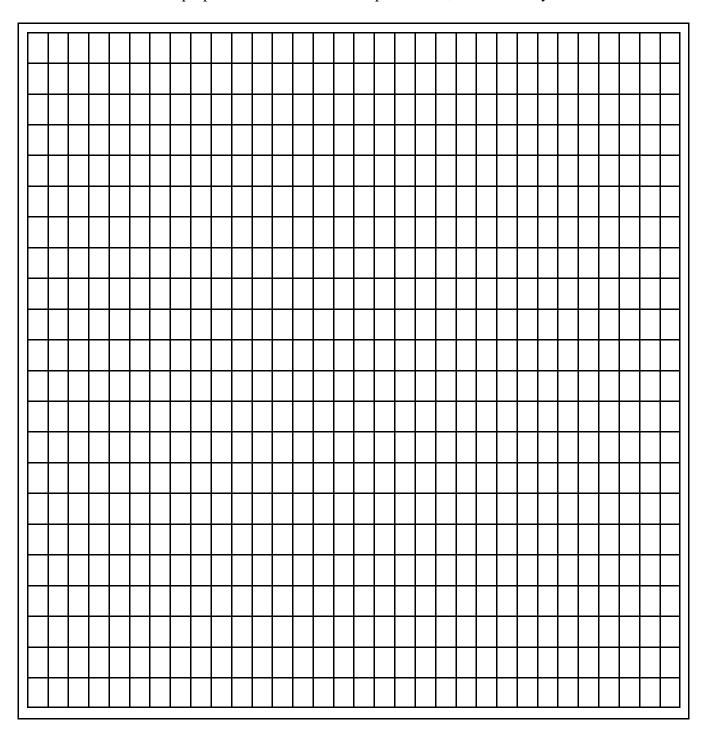
APPLICATION FOR ZONING COMPLIANCE PERMIT

Date: _____

I. Project Information			
		Address:	
			Zip:
			···································
II. Identification			
A. Owner or lessee			
		Address:	
City:	State:	Zip:	Phone:
B. Architect or Engineer			
e		Address:	
			Phone:
			Date:
C. Contractor		<u>I</u>	
Name:		Address:	
 City:	State:	Zip:	Phone:
			Date:
Workers Comp Insurance Co	rrier or Peason for Even	ention:	
IV. Proposed Use of Bu A. Residential 1 One family Ho Attached garage Oth B. Non-Residential 1 Amusement Ser	rationDemolition airMobile Hon ilding tel, MotelDetache her: vice StationSchool	ne set-upPreman ed garageTwo o l, Library, Educational	ufactureSpecial Inspection or more familyChurch, Religion
Non-Residential - Describe i proposed use.	Public UtilityTaning detail proposed use of b	ks, Towers Other:ouilding. If use of exist	ing building is being changed enter
D. Does the Improvement us	se a private road? res:		Outdoors

G. Dimensions / Data: Plot proposed construction with depth of front, side and rear yards.



SIGNATURE OF APPLICANT _	