



Application for Zoning Permit

1. **Applicant:** _____ Telephone #: _____

Mailing Address: _____ FAX #: _____

E-mail Address: _____ Cell #: _____

2. **Property Owner:** _____ Telephone #: _____

Mailing Address: _____ FAX #: _____

E-mail Address: _____ Cell #: _____

Description of Property

Date Stamp

3. Zone: _____ Acreage: _____ Number of Lots: _____

Assessor's Map #: _____ Block #: _____ Lot #: _____

Street Address/Location: _____

Property Information

4. Is the property located in any of the following:

Water Company Watershed CAM Zone Flood Zone, note zone designation: _____

Within 100' of any wetlands or watercourses

Variance filed. Note referenced number, date and type: _____

5. What subsection of Section 24 (Schedule of Uses) is this permitted under: _____

6. Project Description: _____

7. Please submit the following items demonstrating compliance with the Clinton Zoning Regulations:

- Statement of Use
- Site Plan
- Architectural Plan

The Owner and applicant hereby grant the Zoning Enforcement Officer permission to enter upon the property proposed for the Zoning Permit for the purpose of inspection and enforcement of the Zoning Regulations of the Town Of Clinton.

8. Signatures: (both are required)

Applicant: _____ Print Name: _____ Date: _____

Owner: _____ Print Name: _____ Date: _____

Office Use Only – Do Not Write Below This Line

- Applicant met with DRB Date: _____
- Approved Approved with Conditions: _____
- Denied – Reason for Denial: _____

Zoning Enforcement Officer

Date