APPLICATION FOR ZONING CERTIFICATE

Name of Owner/Applica	nt		Date of Application
Construction Site Addres	SS		
Contractor]	Phone #
Zoning District:	Residential " R " Institutional " I-1 "	Mixed Use "M " Institutional "I-2"	Conservation "C" Institutional "I-3"
Are any buildings on the	lot at present? If so what?		
Reason for Permit:	New Work	Repair	Remodeling
Building to be used as:	Residence	Private Garage	Business
	Institutional	Other	
Description of planned w	vork:		
			Other
Estimated Construction (Cost: \$	Fee (Due w/submissio	n of Application): \$
	s shall be in accordance wit		Code and no installation of electrical
	e except in conformity there		
Call Before You	Dig OUPS 1-80	0-362-2764	
	odes require submission and hat is intended to have traff		sed for Residential purposes (4 units or e Public.
	TTEND REVIEWING M 1 PM the day following th		mits can be picked up at Gambier's
AN INCOME TAX RE OUT ALONG WITH T		-CONTRACTOR DISCO	OLSURE FORM MUST BE FILLED
The above information is	s true and correct to the best	t of my knowledge	
Applicant's Signature		Teleph	none Number
Printed Name		Addre	SS
		City, S	State, Zip Code
DO NOT WRITE BELO		& PLANNING REV	IEW
Approved	Disapproved		Date
Permit No			
		Commission C	hairperson or Zoning Inspector