



Zoning Approval Application

Application#: _____

PURPOSE OF APPLICATION

(Please check appropriate box)

- Business License
- Change of Ownership
- Residential
- Home Occupation
- Change of Address
- Mixed Use
- Business Name Change

Please Print

Company Name _____

Contact Name _____

Mailing Address: _____

Phone: _____ Cell Phone: _____ Email: _____

Property Owner's Name (if different): _____

Mailing Address: _____

Phone: _____ Cell Phone: _____ Email: _____

Property Information:

Site Address: _____

Square Footage of Building: _____ Number of Off Street Parking Available: _____

Page County Tax Map Number: _____ Zoning District _____

Description of Proposed Nature of Business (Is this a new Business?) _____

Prior Use of Building _____

***Any New Signage or Sign Face Changes Will Require a Sign Permit From Planning & Zoning**

By submitting this application, the applicant grants permission to Town officials and employees to enter upon the property, which is the subject of this application, during reasonable hours and for purposes related to the application process.

Signature of Applicant

Date

Zoning Administrator

Date

Comments: _____
