

PERMIT NUMBER

USE TYPEWRITER OR BALLPOINT PEN (WRITE FIRMLY ON HARD SURFACE)

TOWN OF ORLEANS APPLICATION for ZONING PERMIT

TOWN USE ONLY

Permit Issued _____

Expiration Date _____

Fee Paid _____

Authorized Official _____

Tax Map Number

Road Name/Property Address

Post Office

APPLICANT'S NAME

PLEASE PRINT

TELEPHONE NUMBER ()

TRACT NAME

LOCATED ON

NORTH

EAST

SOUTH

WEST SIDE OF THE STREET

SIZE OF LOT:

FT. FRONTAGE X

FT. DEEP X

SQ. FT.

OTHER BUILDINGS ON SAME LOT: _____

IT IS PROPOSED TO:

ERECT

ALTER

EXTEND

LOCATE

MOVE

A FAMILY DWELLING

PRIVATE

GARAGE

APARTMENT

MOBILE HOME

RECREATIONAL VEHICLE

UTILITY BUILDING OTHER

BUILDING TO BE USED AS

PROPOSED SIZE OF BUILDING

FT. WIDE X

FT. LONG X

FT. HIGH, PROPOSED

TOTAL FLOOR SPACE EXCLUSIVE OF GARAGES, PORCHES & ATTICS

SQ. FT. FURTHER DESCRIPTION OF THE PROPOSED ACTIVITY

PROPOSED COST \$

ESTIMATED DATE CONSTRUCTION TO BEGIN

IS PROPERTY LOCATED WITHIN FLOOD HAZARD AREA?

YES

NO

IN CONSIDERATION OF THE GRANTING OF THIS PERMIT I AGREE TO ABIDE BY ALL BUILDING, ZONING & HEALTH ORDINANCES AND OTHER RULES AND REGULATIONS OF THE TOWN, AND NOT TO MAKE ANY CHANGES WITHOUT NOTIFYING THE TOWN CLERK. I ALSO DO HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Owners/Agent's Signature

Owners/Agent's Address

Date

Zoning Officer's Signature

Date