

ZONING REVIEW APPLICATION
Section 2.200a(4)

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

TELEPHONE NUMBER: _____

BUSINESS LOCATION: _____

GIVE DETAILED DESCRIPTION OF PROPOSED PROJECT OR DEVELOPMENT. ATTACH PLANS, SPECIFICATIONS, DETAILED SITE SURVEY, ETC., WHICH EXPLAINS PROPOSED DEVELOPMENT. (USE ADDITIONAL SHEETS IF NECESSARY.)

SIGNATURE OF OWNER: _____

APPROVALS:

PLANNING AND ZONING DEPARTMENT _____ **DATE** _____

PERMIT DEPARTMENT _____ **DATE** _____