

**TOWN OF CHAPIN
ZONING PERMIT APPLICATION**

Date filed: _____ Fee Paid _____ Application No. _____

Instructions

If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent section.

THE APPLICANT HEREBY REQUESTS a zoning permit pursuant to Section _____ of the Zoning Ordinance to use the property described below in the following manner:

APPLICANT(S) {print} _____

Address: _____

Telephone: _____ **Cell** _____ **e-mail** _____

Interest _____ **Owner(s);** _____ **Agent of owner(s)** _____

OWNERS (if other than applicant(s): _____

Address: _____

Telephone _____ **{work}** _____ **e-mail** _____

PROPERTY ADDRESS: _____

LOT _____ **,BLOCK** _____ **SUBDIVISION** _____

TAX MAP NO. _____ **,PLAT BOOK** _____

LOT DIMENSIONS: _____ **AREA** _____

ZONING DISTRICT: _____

DESIGNATION OF AGENT (complete if owner is not applicant)

I (we) hereby appoint the person named as Applicant as my(our) agent to represent me(us) in this request for a zoning permit.

DATE: _____

Owner signature(s)

I (we) certify that the information in this request is correct.

DATE: _____

Applicant signature(s)

APPROVED: _____

Zoning Administrator

DISAPPROVED: _____ **for the following reasons:** _____

SPECIAL CONDITIONS TO BE MET _____

