

TOWN OF DENMARK APPLICATION FOR ZONING PERMIT

Tax Map Parcel No.: _____		Received by: _____	
Zoning Permit Fee \$ _____	Receipt # _____	Date: _____	Permit Number: _____
<input type="checkbox"/> Principal Use or Structure;	<input type="checkbox"/> Accessory Structure over 144 sq. ft;	<input type="checkbox"/> Agricultural Structure;	<input type="checkbox"/> Roadside Stand
The lot on which the building(s) or other structure(s) is located is currently zoned:			
<input type="checkbox"/> AR1	<input type="checkbox"/> AR2	<input type="checkbox"/> AR2A	<input type="checkbox"/> AR3
<input type="checkbox"/> AR4	<input type="checkbox"/> RFC1	<input type="checkbox"/> RFC2	<input type="checkbox"/> H1

INSTRUCTIONS TO APPLICANT: Complete all parts of this application form. The Zoning Enforcement Officer stands ready to help you but you must furnish the information required by law before the Zoning Enforcement Officer can take action on your application. **PLEASE NOTE:** This is **NOT A BUILDING PERMIT**. If a Zoning Permit is GRANTED, you will then be required to submit all necessary applications for construction and copies of other required agency permits. Once those applications and permits are found acceptable, a BUILDING PERMIT may be ISSUED.

Applicant: _____ **Landowner (if not Applicant):** _____

PLEASE PRINT CLEARLY

Name: _____

Name: _____

Address: _____

Address: _____

Phone No.: _____

Phone No.: _____

1. Application for Zoning Permit is hereby made:

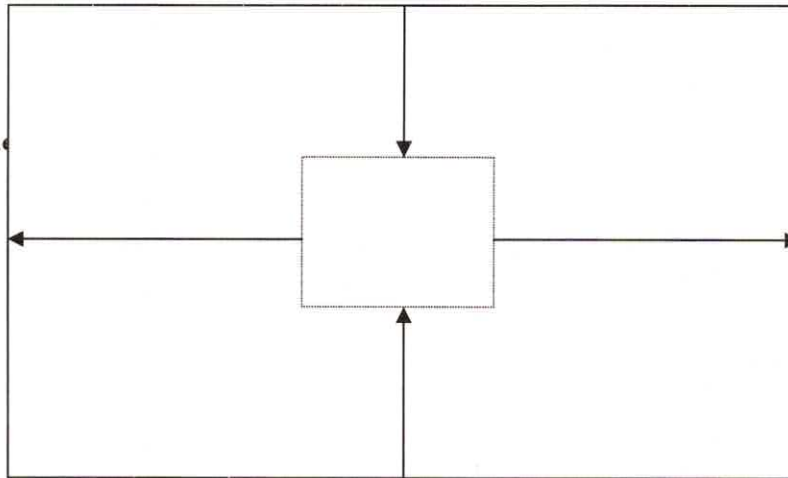
2. Estimated Cost of project is \$ _____

to Erect a structure; to Alter a Building(s); to Convert a structure;

3. Brief description of project (include dimensions / square footage): _____

4. Distance from Rear Lot Line _____ Feet

Distance from Left Lot Line
_____ Feet



Distance from Right Lot Line
_____ Feet

Distance from Front Lot Line (Road) _____ Feet

APPLICANT:

The undersigned hereby requests approval by the Town of Denmark Zoning Enforcement Officer of the identified application for a Zoning Permit. I hereby certify that I have completed the application to the best of my ability and have complied with all applicable regulations of the Town of Denmark Zoning Law. I certify that the application information is complete and I believe all information given to be true.

Applicant Signature	Date
Owner Signature	Date

Application Approved <input type="checkbox"/>
Application Approved With Conditions: <input type="checkbox"/> (See attached)
Application Denied <input type="checkbox"/> (See attached)
Zoning Enforcement Officer
Date

TOWN OF DENMARK
APPLICATION FOR ZONING PERMIT

For Zoning Enforcement Officer Use Only:

Tax Map Parcel No.: _____ Section _____ Block _____ Lot _____
Application Number: _____

INSTRUCTIONS TO APPLICANT:

Please Use the space below to draw your plot plan. Please make your plot plan correspond to your individual property dimensions. Place and label all existing buildings and identify new construction clearly.

A large, empty rectangular box with a black border, intended for the applicant to draw a plot plan. The box is currently blank.