



FOR OFFICE USE ONLY

DATE SENT: _____

RECEIVED BY: _____

ZONING REVIEW FORM

CUSTOMER INFORMATION

NAME _____

COMPANY NAME _____

PROPERTY OWNER _____

ADDRESS _____

PHONE _____

EMAIL _____

ADDRESS OF LOCATION INQUIRING ABOUT

ADDRESS _____

FOLIO NO _____

Description of proposed
work or type of business
to be conducted on
premises _____

SECTION COMPLETED BY TOWN

ZONING DISTRICT _____

PERMITTED USE (Y/N): _____

COMMENTS: _____

APPROVED BY: _____