

REQUEST FOR ZONING VERIFICATION

Please Print All Information

APPLICANT INFORMATION (The Zoning Verification will be mailed to this address)				
NAME				
COMPANY				
MAILING ADDRESS				
PHONE		EMAIL		
PROPERTY INFORMATION (Zoning Verification for the following)				
TAX MAP PARCEL#				
PROPERTY LOCATION				
APPLICANTS SIGNATURE			DATE	
		·	<u>.</u>	
TOWN USE O	ONLY (NOT VALID WITHOUT TOWN SEAL)			
CURRENT ZONING	INCT VALID WITHOUT TOWN SEAL)			
TOWN OFFICAL				
VERIFIED BY	SIGNATURE	PRINT NAME		DATE