PERMIT NUMBER

USE TYPEWRITER OR BALLPOINT PEN (WRITE FIRMLY ON HARD SURFACE)

TOWN OF ORLEANS APPLICATION for ZONING PERMIT

TOWN USE ONLY

Permit Issued _____

Expiration Date _____

Fee Paid _____

_____

Authorized Official

Tax Map Number	Road Name/Property Address	Post Office

APPLICANT'S NAME _____ TELEPHONE NUMBER (____) _____
PLEASE PRINT

TRACT NAME _____

LOCATED ON _____NORTH _____ EAST _____SOUTH _____WEST SIDE OF THE STREET

SIZE OF LOT: _____ FT. FRONTAGE X _____ FT. DEEP X _____SQ. FT.

OTHER BUILDINGS ON SAME LOT: _____

IT IS PROPOSED TO: _____ ERECT _____ ALTER _____ EXTEND _____ LOCATE _____ MOVE _____A FAMILY DWELLING

_____PRIVATE _____GARAGE _____APARTMENT _____MOBILE HOME ___RECREATIONAL VEHICLE _____UTILITY BUILDING _____OTHER

BUILDING TO BE USED AS _____ PROPOSED SIZE OF BUILDING _____FT. WIDE X _____FT. LONG X _____FT. HIGH. PROPOSED

TOTAL FLOOR SPACE EXCLUSIVE OF GARAGES, PORCHES & ATTICS _____

SQ. FT. FURTHER DESCRIPTION OF THE PROPOSED ACTIVITY _____

_____

_____

PROPOSED COST $ _____ ESTIMATED DATE CONSTRUCTION TO BEGIN _____

IS PROPERTY LOCATED WITHIN FLOOD HAZARD AREA? _____ *YES* _____ *NO*

IN CONSIDERATION OF THE GRANTING OF THIS PERMIT I AGREE TO ABIDE BY ALL BUILDING, ZONING & HEALTH ORDINANCES AND OTHER RULES AND REGULATIONS OF THE TOWN, AND NOT TO MAKE ANY CHANGES WITHOUT NOTIFYING THE TOWN CLERK. I ALSO DO HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

_____ _____ _____
Owners/Agents Signature Owners/Agents Address Date

_____ _____
Zoning Officer Signature Date