

Village of Laura Zoning Permit Application

Name _____ Phone _____

Address _____

Date _____ Date to start work _____

Zone Code _____ Res. _____ Com. _____

Type of Work to be done _____

Note: Map of site must be submitted at time of application.

Variance Required: Yes _____ No _____ Fee Amount \$ _____

If yes, next meeting date: _____ Paid Date _____
Check # _____

Approved: Yes _____ No _____ Date Approved: _____

Permit # _____

Inspector Name _____ Date _____

Inspector Report:

Send to County: Yes _____, No _____ Date _____