



If corporation:

Corporation Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

If Individual:

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I certify that the information I have given is complete, true and correct to the best of my knowledge and belief. I further affirm that I have not knowingly withheld any facts or circumstances in completing this application. I understand that any misrepresentation of information may be grounds to reject this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_



FOR OFFICE USE ONLY:

\$1,000.00 filing fee paid. Date \_\_\_\_\_ Check No. \_\_\_\_\_

Received by \_\_\_\_\_

Zoning District of Subject Property \_\_\_\_\_