

APPLICATION FOR BUSINESS CHANGE ZONING PERMIT \$25.00

TOWNSHIP OF MIDDLE

Date _____

Block _____ Lot _____ Zone _____

Work Site Location _____

Property Owner _____

Address of Owner _____ Phone No _____

Email Address _____

Existing Business _____

Description of Proposed Business _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent and we agree to conform to all application laws of this jurisdiction.

_____	_____	_____	_____
Signature	Address	Telephone	Fax

Name of the Applicant: _____

FOR OFFICE USE ONLY

ZONING OFFICE COMMENTS:

Total Parking: _____ Sq. Footage: _____ Permitted Use: _____

Fee Paid: _____

Approved _____ Denied _____

Rachel Shepherd, Zoning Officer

Notes:

ALL CHANGE OF USE PERMITS REQUIRE CONSTRUCTION PERMITS AND ANY OTHER OUTSIDE AGENCY PERMITS!!