

FORM NO. 9

APPLICATION FOR ZONING PERMIT

No.

1. Name of Applicant:
2. Address of Applicant:
3. Name and address of owner if different from that of applicant:
4. Block and lot number and street address of premises for which zoning permit is desired:
5. State dimensions of principal building:
6. State dimensions of all accessory buildings:
7. Describe in detail the activity or activities to be conducted in the principal building and any accessory activities to be conducted in any of the accessory buildings:
8. State whether any of the activities described in number 7 above are conducted as a nonconforming use: (if so, state facts supporting this contention):
9. Has the above premises been the subject of any prior application to the Zoning Board of Adjustment or Planning Board to applicant's knowledge?

Date: _____
(Applicant) (Individual)

Attest: _____
(Name of corporation or Association)

(Secretary) By: _____
(Authorized Officer)