



**ZONING PERMIT FOR
GENERAL CONSTRUCTION WAIVER**

Applicant Information

Contractor Name or Firm Performing Work:

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Phone: _____ Contact Fax: _____

Work Location:

Name of Property Owner: _____

Address: _____

Daytime Contact No: _____ Evening Contact No: _____

Parcel No: _____ Parcel Zoning: _____

Type of Work to be Done (Please Check One):

Window Replacement _____

Exterior Siding _____

General Remodeling _____

Roof Replacement _____

Other _____

Signature of Applicant: _____ Date: _____

Digital Signatures Accepted

Signature of Zoning Administrator: _____ Date: _____

* THIS PERMIT IS VALID FOR TWELVE (12) MONTHS AND SHALL EXPIRE ON
THE FOLLOWING DATE: _____.