



CHANGE OF USE APPLICATION
(All spaces must be filled out for Zoning Approval)

Name: _____

Phone Numbers: _____

Address of Property: _____

Type of Business proposed for the above address: (explain if necessary)

Describe any improvements or alterations to the building or parking area: (i.e. expansion /reduction)

Zoning District: _____ **Tax Map Number:** _____

Building Owner's Name: _____

Building Owner's Mailing Address:

FOR OFFICE USE:

Conforms to Zoning: _____ yes _____ no

Zoning Department Approval: _____ yes _____ no

Zoning Department Signature: _____