



CHANGE OF USE PERMIT

DATE: _____

PROPERTY OWNER

NAME: _____

ADDRESS: _____

TELEPHONE: _____

1. ADDRESS OF PROPERTY: _____

2. PROPOSED USE: _____

3. ZONING DISTRICT: _____ FLOOD ZONE: _____

4. LOT SIZE: _____ SQUARE FOOTAGE: _____

5. PROPOSED CHANGE OF USE: _____

6. GROSS FLOOR AREA: _____

7. BUFFER (NUMBER OF TREES REQUIRED & TYPE): _____

SCREEN (LOCATION AND TYPE): _____

8. SIGNAGE: SQUARE FOOTAGE *FREE STANDING SIGN*: _____

SQUARE FOOTAGE *WALL MOUNTED SIGN*: _____

9. PARKING: REQUIRED SPACES: _____

EXISTING SPACES: _____

PROPOSED SPACES: _____

10. ATTACH SITE PLAN OR SURVEY IF NECESSARY SHOWING EXISTING AND PROPOSED CONDITIONS

OWNER'S SIGNATURE: _____

STAFF USE ONLY

IS PROPOSED USE IN COMPLIANCE WITH THE ZONING DISTRICT IN WHICH IT IS LOCATED? Yes _____ No _____

ZONING ADMINISTRATOR'S SIGNATURE: _____

COMMENTS: _____

