

PERMIT NUMBER

Tax Map Number

Road Name/Property Address

Post Office

USE TYPEWRITER OR BALLPOINT PEN (WRITE FIRMLY ON HARD SURFACE)

TOWN OF CLAYTON APPLICATION for ZONING PERMIT

TOWN USE ONLY
Permit Issued _____
Fee Paid _____
Authorized Official _____

APPLICANT'S NAME _____ PLEASE PRINT TELEPHONE NUMBER () _____

LOCATED ON _____ NORTH _____ EAST _____ SOUTH _____ WEST SIDE OF THE STREET
SIZE OF LOT: _____ FT. FRONTAGE X _____ FT. DEEP X _____ SQ. FT.
OTHER BUILDINGS ON SAME LOT: _____

IT IS PROPOSED TO: _____ ERECT _____ ALTER _____ EXTEND _____ LOCATE _____ MOVE _____ A FAMILY DWELLING
_____ PRIVATE _____ GARAGE _____ APARTMENT _____ MOBILE HOME _____ RECREATIONAL VEHICLE _____ UTILITY BUILDING _____ OTHER
BUILDING TO BE USED AS _____ PROPOSED SIZE OF BUILDING _____ FT. WIDE X _____ FT. LONG X _____ FT. HIGH. PROPOSED
TOTAL FLOOR SPACE EXCLUSIVE OF GARAGES, PORCHES & ATTICS _____
SQ. FT. FURTHER DESCRIPTION OF THE PROPOSED ACTIVITY _____

PROPOSED COST \$ _____ ESTIMATED DATE CONSTRUCTION TO BEGIN _____
IS PROPERTY LOCATED WITHIN FLOOD HAZARD AREA? _____ YES _____ NO

IN CONSIDERATION OF THE GRANTING OF THIS PERMIT I AGREE TO ABIDE BY ALL BUILDING, ZONING & HEALTH ORDINANCES AND OTHER RULES AND REGULATIONS OF THE TOWN, AND NOT TO MAKE ANY CHANGES WITHOUT NOTIFYING THE TOWN CLERK. I ALSO DO HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Owners Signature _____ Owners Address _____ Date _____
Agents Signature _____ Agents Address _____ Date _____