TOWN OF LISBON
ZONING PERMIT APPLICATION

PLEASE CHECK THE APPROPRIATE LINE(S) AND COMPLETE THE REQUIRED APPLICATION(S):

_____SITE PLAN REVIEW OF PROPOSED DEVELOPMENT IN ACCORDANCE WITH ***SECTION 2.5*** AND ***SECTION 12***

_____PLANNING AND ZONING COMMISSION ADMINISTRATIVE REVIEW OF CHANGES TO COMMERCIAL/INDUSTRIAL BUILDINGS AND PROPERTIES IN ACCORDANCE WITH ***SECTION 2.8*** AND ***SECTION 10.13***

_____SITE PLAN REVIEW OF ASSOCIATED SIGNAGE IN ACCORDANCE WITH ***SECTION 15.8***

PROJECT DESCRIPTION:

_____

_____

_____

PROJECT NAME: _____ ACREAGE: _____ ZONING DISTRICT: _____
LOT IN SQUARE FEET: _____ TOTAL FLOOR AREA IN SQUARE FEET: _____

PARCEL IDENTIFICATION INFORMATION

STREET ADDRESS OF PROPERTY IF AVAILABLE: _____
MAP /BLOCK /LOT: _____
VOLUME/ PAGE: _____

CORRESPONDENCE WILL BE SENT TO APPLICANT OR DESIGNATED AGENT. ALSO SEE NOTES 1, 2 AND 3 BELOW:

- APPLICANT: _____
  TELEPHONE: _____ EMAIL: _____
- APPLICANT'S AGENT (IF ANY): _____
  TELEPHONE: _____ EMAIL: _____
- OWNER / TRUSTEE: _____
  TELEPHONE: _____ EMAIL: _____
- ENGINEER/ SURVEYOR/ARCHITECT: _____
  TELEPHONE: _____ EMAIL: _____

1. TO BE ACCEPTED BY THE PLANNING AND ZONING COMMISSION, THIS ENTIRE APPLICATION MUST BE COMPLETED, SIGNED BY THE PARTIES LISTED BELOW, AND SUBMITTED WITH THE REQUIRED FEE(S) AND MAP(S) PREPARED IN ACCORDANCE WITH THE APPLICABLE REGULATIONS AND ORDINANCES.

2. THE SUBMITTAL OF THIS APPLICATION CONSTITUTES THE PROPERTY OWNER'S PERMISSION FOR THE COMMISSION, ITS STAFF, OR ITS CONSULTANT TO ENTER THE PROPERTY FOR THE PURPOSE OF INSPECTION.

3. I HEREBY, AGREE TO PAY ALL ADDITIONAL FEES AND/OR ADDRESS SUCH COSTS DEEMED NECESSARY BY TOWN STAFF UNDER THE LAND USE FEES ORDINANCE.

SIGNATURE OF APPLICANT/AGENT _____ PRINTED NAME OF APPLICANT/AGENT _____
DATE: _____

SIGNATURE/RECORD OWNER _____ PRINTED NAME/RECORD OWNER _____
DATE: _____

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APPLICATION SUBMITTAL DATE: _____ ***FEE(S) PAID:*** _____
OFFICIAL DAY OF RECEIPT: _____
****P & Z COMMISSION ACTION:*** _____ ***DATE:*** _____
CHAIR'S SIGNATURE: _____

UPON APPROVAL OF THIS APPLICATION BY THE PZC, AND COMPLIANCE WITH ANY DIRECTIVES, MODIFICATIONS AND/OR CONDITIONS REQUIRED, THE ZONING ENFORCEMENT OFFICER MAY ISSUE THE ZONING PERMIT.

_____ *DATE:* _____
Zoning Enforcement Officer

(* Any modifications, directives or conditions attached to PZC action, or any reasons for denial, shall be reflected in the record and attached)