

**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: \_\_\_\_\_

=====

**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.

\_\_\_\_\_  
Zoning Enforcement Officer DATE: \_\_\_\_\_

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