Zoning Project Application

(This box for staff use only.)

ZP20____-_____
☐ Administrative Use Permit   ☐ Variance
☐ Use Permit   ☐ Modification of any of the Above

Zoning District(s):_____

Intake Planner:_____

DATE STAMP HERE

Project Information:

Project Address:_____ Unit/Suite #:_____

Assessor Parcel Number:_____

Project Description:_____

_____

_____

_____

_____

Expedited Services Requested? Yes / No

Property Owner's Name: _____
Owner's Mailing Address:_____
Phone #:_____
Email:_____

Applicant's Name (or enter "same"):_____
Applicant's Mailing Address:_____
Phone #:_____
Email:_____

Under penalty of perjury, I certify that:
(1) the application materials are true and complete to the best of my knowledge;
(2) the attached paper and electronic copies of this application are the same; and
(3) I agree to pay all expenses associated with this application.
(*Owner's signature, or signed letter authorizing applicant to apply on owner's behalf, is required for all applications)

Applicant Signature:	Owner Signature:
Isaiah Stackhouse (signature)	
Printed Name**:** Isaiah Stackhouse	Printed Name**:**
Date: 04/23/2021	Date:

Zoning District(s):	
Zoning Section	**Description**
1. 23__._____._____	UP/AUP to
2. 23__._____._____	UP/AUP to
3. 23__._____._____	UP/AUP to
4. 23__._____._____	UP/AUP to
5. 23__._____._____	UP/AUP to
6. 23__._____._____	UP/AUP to
7. 23__._____._____	UP/AUP to
8. 23__._____._____	UP/AUP to
9. 23__._____._____	UP/AUP to
10. 23__._____._____	UP/AUP to