

Fee: \$35 Paid _____ Check # _____ Permit # _____



TOWN OF CHURCH HILL ZONING CERTIFICATE APPLICATION

Date of Application: _____

1. Property Owner's Name: _____

Property Address: _____

Town: _____ State: _____ Zip Code: _____

Owner's Phone #: _____ Email: _____ Cell: _____

2. Contact Name: _____

Mailing Address: _____

Contact Phone #: _____ Email: _____ Cell: _____

3. Description of proposed work (check all that apply):

- New Principle Structure: Type: _____
L: _____ x W: _____ x H: _____ to peak: _____
- Shed: L: _____ x W: _____ x H: _____ to peak: _____
- Addition: L: _____ x W: _____ x H: _____ to peak: _____
- Deck: L: _____ x W: _____
- Fence: L: _____ x H: _____ Type of fence: _____
- Pool: L: _____ x W: _____ or Diameter: _____
- Demolition: _____ Type of Structure: _____
- Use and Occupancy Permit for Previously Vacant Structure: _____
- Other: _____
If other, please describe and supply appropriate dimensions

4. Does the proposal change the current principle use of the property? Yes _____ No _____

5. Type of proposed use: Residential _____ Commercial _____ Institutional _____

6. Did you attach a copy of your site plan as required? Yes _____ No _____

7. Are there any easements on your property? Yes _____ No _____
If yes, what type? _____

DATE APPROVED: _____

ADMINISTRATOR: _____