

DO NOT WRITE BELOW THIS LINE

VII. Fees (Payable to Municipality)

ESTIMATED TOTAL COST \$

As Per Fee Schedule

TOTAL

\$ _____

\$ _____

\$ _____

\$ _____

ZONING PERMIT FEE \$ _____

VIII. Approval

DATE APPROVED _____ 20 _____

Zoning Permit Officer

ZONING PERMIT CERTIFICATE NUMBER _____
ZONING PERMIT CERTIFICATE ISSUED _____ 20 _____

OTHER PERMITS REQUIRED _____ YES _____ NO

IX. Disapproval

Proposed activity in the above application is disapproved because of the following:

DATE DISAPPROVED _____ 20 _____

Zoning Permit Officer