



**ZONING PERMIT FOR  
GENERAL CONSTRUCTION WAIVER**

Applicant Information

Contractor Name or Firm Performing Work:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Work Location:

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Contact No: \_\_\_\_\_ Evening Contact No: \_\_\_\_\_

Parcel No: \_\_\_\_\_ Parcel Zoning: \_\_\_\_\_

Type of Work to be Done (Please Check One):

*Window Replacement* \_\_\_\_\_

*Exterior Siding* \_\_\_\_\_

*General Remodeling* \_\_\_\_\_

*Roof Replacement* \_\_\_\_\_

*Other* \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

\* THIS PERMIT IS VALID FOR TWELVE (12) MONTHS AND SHALL EXPIRE ON  
THE FOLLOWING DATE: \_\_\_\_\_.