



Application for Zoning Approval

Fee*: \$ _____

Make checks payable to PWC
 (*in accordance with current Fee Schedule)

Case # _____

Owner/ Applicant/ Business Information	Business Type		
	Trade Name (DBA)	Business Legal Name	
	Contact/Owner Name	Title	
	Contact/Owner Phone	Contact/Owner Email	
	Contact/Owner Mailing Address	City/State	Zip Code
	Applicant: Business Owner Authorized Agent Owner		
	Applicant or Authorized Agent		Phone
Site Information	Parcel or Site Address Assigned by Mapping Office	City	Zip Code
Purpose of Application	Accessory Buildings/Structures (Residential) Specify type of structure: _____	Parking Tabulation - prepared by (select one): Applicant County Self-Certification	
	Bed & Breakfast Inn	Perc Test	
	Home Business	Rural Home Business	
	Meeting Hall/Event Center/Restaurant/ Hotel/other uses with Live Entertainment	Temporary Use of Manufactured, Modular or Mobile Home or Office	
	Mobile Home Replacement (Nonconforming)	Timbering	
	Noncommercial Kennel	Other (specify):	
	Occupancy Permit		
Information to be completed by staff			
GPIN (Grid Parcel Identification Number)	Zoning District	Magisterial District	Acreage
Condition # _____		Rezoning Case # _____	
Use Allowed Pursuant to:	Proffer # _____	Special Use Permit Case _____	
Zoning Ordinance Section _____			

Signature of Applicant/Authorized Agent _____ Date _____

THIS IS NOT AN OCCUPANCY PERMIT OR ANY OTHER TYPE OF LICENSE