



APPLICATION NO.: _____

FEE: \$100.00

APPLICATION FOR ZONING PERMIT

NAME OF APPLICANT: _____ DATE: _____
(Please Print)

ADDRESS _____ PHONE: _____

(City) (State) (Zip)

E-MAIL ADDRESS: _____

INTEREST IN PROPERTY: OWN: [] RENT: [] LEASE: [] OPTION TO BUY: []

OTHER (Please Specify): _____

LOCATION OF PREMISES: _____

INTENDED USE: _____

LOT SIZE: _____ ZONE: _____

ADDITIONAL INFORMATION: _____

PERMIT REQUIRED UNDER SECTION: _____ OF THE WALLINGFORD ZONING REGULATIONS

Applicant's Signature

Company Name (If Applicable)

FOR OFFICIAL USE:

Applicant Received: _____ Filing Fee Paid: _____ Zoning Permit Issued: _____

Comments: _____