

Town of Williamston-Planning & Zoning Department

Account # 103500.3530



Fee

Tax Parcel # 050

Zoning Permit			
L O C A T I O N	Date (mm/dd/yy)		Estimated Number of Employees (New Businesses or Change of Occupancy)
	Property/Business Name		
	Street Address		
	Contact Name	Property/Business Phone	()- -
O W N E R	Owner/Operator	Owner/Operator Phone	()- -
	Address		
	City/State/Zip		
C O N T R A C T O R	Contractor	Contractor Phone	()- -
	Address		
	City/State/Zip		
	Site Contact Name	Contact Phone	()- -
O f f i c e U s e O n l y	Zoning District		Plans Attached Yes <input type="checkbox"/> No <input type="checkbox"/>
	Floodplain Map		Watershed Protection Area Yes <input type="checkbox"/> No <input type="checkbox"/>
	Proposed Use of Property		
	Setback Requirements	Front____', Rear____', Sides____', Corner____', <i>Setback measured from nearest projecting point of structure to Property Line.</i>	
	Special Use Permit	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Conditions in regards to issuance of this permit:		

Undersigned agrees to and understands that:
Any and all conditions relating to this permit must be met prior to electrical and water service finals and occupancy of the premises.

Zoning Administrator

Applicant