
Permit Number

Tax Map Number

Road Name/ Property Address

Post Office

USE TYPEWRITER OR
BALLPOINT PEN
(WRITE FIRMLY ON HARD
SURFACE)

APPLICANT'S NAME _____ TELEPHONE NUMBER (____) _____

LOCATED ON _____ NORTH _____ EAST _____ SOUTH _____ WEST SIDE OF STREET
SIZE OF LOT: _____ FT. FRONTAGE X _____ FT. DEEP _____ SQ. FT.
OTHER BUILDINGS ON SAME LOT: _____

**TOWN OF
CLAYTON
APPLICATION
For
ZONING
PERMIT**

IT IS PROPOSED TO: _____ ERECT _____ ALTER _____ EXTEND _____ LOCATE _____ MOVE _____ A FAMILY DWELLING
_____ PRIVATE _____ GARAGE _____ APARTMENT _____ MOBILE HOME _____ RECREATIONAL VEHICLE _____ UTILITY BUILDING _____ OTHER
BUILDING TO BE USED AS _____. PROPOSED SIZE OF BUILDING _____ FT. WIDE X _____ FT LONG _____ FT HIGH PROPOSED
SQ. FT. FURTHER DESCRIPTION OF THE PROPOSED ACTIVITY _____

PROPOSED COST \$ _____ ESTIMATED DATE CONSTRUCTION TO BEGIN _____
IS PROPOERTY LOCATED WITHIN FLOOD HAZARD AREA? _____ YES _____ NO

IN CONSIDERATION OF THE GRANTING OF THE PERMIT I AGREE TO ABIDE BY ALL BUILDING, ZONING & HEALTH ORDINANCES AND
OTHER RULES AND REGULATIONS OF THE TOWN, AND NOT TO MAKE ANY CHANGES WITHOUT NOTIFYING THE TOWN CLERK, I ALSO
DO HEARBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

TOWN USE ONLY

Permit Issued _____

Fee Paid _____

Authorized Official

Owners Signature

Owners Address

Date

Agents Signature

Agents Address

Date