

BRUNSWICK HILLS TOWNSHIP ZONING APPLICATION

Date of Application _____ **Zoning Certificate 20** - _____

Application for:

- Informal/Concept Site Plan Review Non-Conforming Use Review
- Final Site Plan Approval Other
- Review

Please print all information below:

Name of Owner: _____

Owner's Address: _____

Name of Applicant: _____

Applicant's Address: _____

Phone Number Where Applicant Can Be Reached:

Home _____

Office _____ Cell _____

Location of Property: _____

Permanent Parcel No. (*required*) _____

Present Zoning: _____

Provision of Zoning Resolution Involved: _____

Reason for this Application: _____

Signature of Owner(s) _____ Date: _____

Sworn to and subscribed in my presence by _____ this _____

Day of _____, 20

My commission expires _____ Notary _____

(Seal)

Signature of Applicant: _____ Date: _____

The application will not be accepted until all data specified is completed and submitted herewith to the Zoning Inspector.

OFFICIAL USE ONLY

Date Fee Received _____ **Fee:** _____ **Check#** _____ **Cash** _____

Date of Meeting: _____ **Recommendation to Trustees: Approval** _____

Disapproval _____ **Trustees Meeting Date:** _____

Zoning Inspector: _____ **Date:** _____