

**TOWN OF CLINTON
ZONING PERMIT APPLICATION**

A. This section to be completed by Applicant:

Current Use: _____

Proposed Use: _____

Hours of Operation: _____

Block & Lot _____ Zone _____ Address _____

Applicant _____

(Print)

(Signature)

(Date)

Applicant's Address: _____

Applicant's Phone # _____

Owner Name: _____

(Print)

(Date)

Owners consent to filing application: _____

(Signature)

Owner's Address: _____

Owner's Phone # _____

Does the Proposed Use Include any of the following:

Alterations to the façade or roof
Of an existing building _____yes _____no

Increase of Floor Area _____yes _____no

Site Grading/Landscaping of
More than 250 square feet _____yes _____no

Increase or decrease in parking spaces _____yes _____no

Change in configuration of parking
Or vehicular circulation _____yes _____no

Increase or decrease of the size or
Configuration of loading areas _____yes _____no

Change of exterior lighting _____yes _____no

Increase in impervious coverage
(example paved areas) _____yes _____no

Increase or decrease in size of
Outside seating area _____yes _____no

Change of volume or type of Solid
Waste generated _____yes _____no

Structural change to any principal
Or accessory building _____yes _____no

Erection, alteration or removal of
Any (a) exterior signs _____yes _____no

(b) window/door lettering _____yes _____no

Please include a sketch of the proposed interior uses (all floors) and exterior spaces and indicate the percentage of space used for public space, storage space, administrative space, and residential space, as well as all proposed signs indicating size, location, lettering, source of illumination, if any. Sketch should be drawn to scale and include all dimensions.

Signature (Zoning Officer)

Date
application received

B. This section to be completed by Zoning Officer:

I recommend the following:

___(A) The Zoning Permit is denied because of:

___(B) The Sign Permit is denied because of:

Referred to:

The Planning Board _____

Minor Site Plan _____

Major Site Plan _____

Or:

The Board of Adjustment _____

Or
Referred to Sign Committee _____

Action:

___(A) The Zoning Permit is approved.

___(B) The Sign Permit is approved.

___(C) Referred as indicated above.

Signature (Zoning Officer)

Date