

ZONING PERMIT APPLICATION (PORTABLE SANITARY FACILITY)

PROPERTY INFORMATION.

Property address where Portable Sanitary Facility is to be located: _____
(Facility)

Tax Map Designation: Block _____ Lot _____.

Name of property owner: _____

Address _____

Telephone # (____) _____

Date Facility is to be delivered: _____ (five month limit)

Please submit a site plan of property indicating location of Facility with distance from structures and property lines.

Applicant signature

Date

FOR OFFICE USE ONLY

Permit Approved

Permit Denied

Zoning Officer

Date

Fee collected \$ 25.00 cash credit card check # _____

Received by _____ Date _____