

**ZONING CERTIFICATE REQUEST FORM**

PARTY REQUESTING FORM: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_

COMMON ADDRESS OF PROPERTY: \_\_\_\_\_

PARCEL NUMBER OF PROPERTY: \_\_\_\_\_

SELLER OF PROPERTY: \_\_\_\_\_  
BUYER OF PROPERTY: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_  
SQUARE FOOTAGE OF EACH: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LEGAL DESCRIPTION:

**OFFICE USE**

MAXIMUM OCCUPANTS IN EACH  
BEDROOM: \_\_\_\_\_

NUMBER OF ALLOWABLE  
OCCUPANTS IN RESIDENCE: \_\_\_\_\_

ZONING CLASSIFICATION: \_\_\_\_\_

BILL MARTIN \_\_\_\_\_  
BUILDING & ZONING OFFICER