

TOWN OF WINDSOR



Established 1902

Zoning Administrator

APPLICATION FOR ZONING APPROVAL

FEE: \$ _____

(In accordance with current fee schedule)

Information to be completed by applicant

Name of Property Owner			
Contact Phone		Contact Email	
Contact Mailing Address		City/State	Zip Code
Applicant: Owner Authorized Agent			
Authorized Agent's Name		Phone	Email
Parcel or Site Address Where Work is Conducted		City/State	Zip Code
PURPOSE OF APPLICATION (Check appropriate box)			
Accessory Buildings/Structures (Residential)		Occupancy Permit	
Building Occupation		Home Business	
Other (specify):			
Information to be completed by staff			
Tax ID Number		Zoning District	Acreage
Use Allowed Pursuant to:			
<input type="checkbox"/> Condition # _____		<input type="checkbox"/> Zoning Ordinance Section _____	
<input type="checkbox"/> Rezoning Case # _____		<input type="checkbox"/> Special Use Permit Case # _____	

Signature of Applicant/Authorized Agent

Date