



NEW BUSINESS: ZONING COMPLIANCE

NAME _____ DATE _____

ADDRESS _____

PHONE NUMBER _____

TYPE OF BUSINESS (Name) _____

Description of Business _____

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PRIOR APPROVAL NEEDED FROM THE FOLLOWING DEPARTMENTS

APPROVAL GRANTED _____

Zoning Officer

Date

APPROVAL DENIED _____

Zoning Officer

Date

Reason for Denial _____

Return to Town Clerk to obtain Business Certificate

