

MISCELLANEOUS ZONING PERMIT APPLICATION
TOWN OF NORTH BEACH

(Projects without electrical, plumbing or grading work)

NAME: _____

MAILING ADDRESS: _____

PHONE: _____ EVENING: _____

EMAIL ADDRESS: _____

DATE OF APPLICATION: _____

PROPERTY ADDRESS: _____

TYPE OF PROJECT: _____

LOCATION ON LOT (Show dimensions of lot and distance of project from property lines.)

PROJECT DESCRIPTION (Show size, type of materials, etc. and attach a sketch as applicable.)

Applicant and/or Authorized Agent Signature: _____

APPROVED: _____
Zoning Administrator Date Permit No. Fee

Expiration Date on Permit: _____