

TOWN OF SUMMERVILLE

ZONING PERMIT



PLEASE PRINT

Date: _____

Applicant: _____

Contact Phone Number: _____

Mailing Address: _____

Site Address for use: _____

Proposed use: _____

Any modifications to the site and if so, what? (painting, carpet, structural, parking expansion, etc.): _____

Applicant signature: _____

For office only:

TMS# for above site address: _____

Current zoning classification: _____

Proposed use approved: _____ YES _____ NO, because _____

Business License Inspection Approval: _____ Date: _____