



Zoning Compliance Permit Application

Applicant: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

PROPERTY INFORMATION

Owner, Address or Location: _____

Zoning District: _____ Present Land Use: _____

REQUEST

Proposed Land Use: _____ Specific Use: _____

Additional Information: _____

The undersigned applicant hereby certifies that, to the best of his/her knowledge and belief, all information supplied in this application is true and accurate.

APPLICANT _____
DATE

TOWN OF GARLAND ZONING COMPLIANCE PERMIT

Issued To: _____ Date: _____

Address: _____

Zone: _____ Use: _____

Remarks: _____

In the opinion of the undersigned, these premises comply with applicable zoning regulations for the stated use and occupancy.

ZONING ADMINISTRATOR _____
DATE