



ZCLR _____

ZONING CLEARANCE

PLEASE COMPLETE THE FOLLOWING INFORMATION (REQUIRED):

PROJECT ADDRESS _____

APPLICANT(S) NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

TELEPHONE NO. _____

PROPERTY OWNER(S) NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

TELEPHONE NO. _____

ZONING CLEARANCE TYPE☐ New Paving or Impervious Surfaces☐ Antennas Wireless communication facilities☐ Other _____

*****PLEASE ANSWER THE QUESTION ON PAGE 2*****

THE APPLICANT AND PROPERTY OWNER HEREBY DECLARE UNDER PENALTY OF PERJURY THAT ALL THE INFORMATION SUBMITTED FOR THIS APPLICATION IS TRUE AND CORRECT._____
APPLICANT'S SIGNATURE_____
DATE_____
PROPERTY OWNER'S SIGNATURE_____
DATE

ACTION TAKEN☐ **APPROVED**☐ **CONDITIONALLY APPROVED**☐ **DENIED****CONDITIONS/REASONS FOR DENIAL:** _____**BY:** _____ **DATE:** _____ **EXPIRATION:** _____THERE IS A TEN (10) DAY APPEAL PERIOD FOR THIS APPLICATION. APPEALS MUST BE SUBMITTED IN WRITING TO THE
COMMUNITY DEVELOPMENT DIVISION WITH A \$811.00 APPEAL FEE BY _____ P.M. ON _____.

DATE FILED _____ RECEIPT NO. _____ PAID _____ RECEIVED BY _____

1. Please describe the activity for which the Zoning Clearance is sought. Provide as much detail a possible on the proposed use and/or structure.

[illegible]

In order for this application to be processed without any delay, the application must include all of the following materials. To ensure that your application package is complete, please check-off the boxes next to the required application materials.

- For operational requirements for mobile food vending, please refer to AMC Sec. 9104.02.220*