



Application for Zoning Approval

Date
Stamp

Fee*: \$ _____

Make checks payable to PWC
(*in accordance with current [Fee Schedule](#))

Case # _____

Owner/ Applicant/ Business Information	Business Type		
	Trade Name (DBA)		Business Legal Name
	Contact/Owner Name		Title
	Contact/Owner Email		Contact/Owner Phone
	Contact/Owner Mailing Address		City/State
			Zip Code
	Applicant: Business Owner Authorized Agent Owner		
Applicant or Authorized Agent		Email	Phone
Site Information	Parcel or Site Address Assigned by Mapping Office		City
			Zip Code
Purpose of Application	Accessory Buildings/Structures (Residential) Specify type of structure: _____		Parking Tabulation - prepared by (select one): Applicant County Self-Certification
	Bed & Breakfast Inn		Perc Test
	Home Business		Rural Home Business
	Meeting Hall/Event Center/Restaurant/ Hotel/other uses with Live Entertainment		Temporary Use of Manufactured, Modular or Mobile Home or Office
	Mobile Home Replacement (Nonconforming)		Timbering
	Noncommercial Kennel		Other (specify):
	Occupancy Permit		
	Information to be completed by staff		
GPIN (Grid Parcel Identification Number)	Zoning District	Magisterial District	Acreage
Condition # _____		Rezoning Case # _____	
Use Allowed Pursuant to:	Proffer # _____	Special Use Permit Case _____	
Zoning Ordinance Section _____			

Signature of Applicant/Authorized Agent _____ **Date** _____

THIS IS NOT AN OCCUPANCY PERMIT OR ANY OTHER TYPE OF LICENSE