



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