

DO NOT WRITE BELOW THIS LINE

VII. Fees (Payable to Municipality)

ESTIMATED TOTAL COST \$

As Per Fee Schedule

TOTAL

\$ _____

\$ _____

\$ _____

\$ _____

ZONING PERMIT FEE \$ _____

VIII. Approval

DATE APPROVED 20 _____
Zoning Permit Officer

ZONING PERMIT CERTIFICATE NUMBER _____
ZONING PERMIT CERTIFICATE ISSUED 20 _____

OTHER PERMITS REQUIRED YES NO

IX. Disapproval

Proposed activity in the above application is disapproved because of the following:

DATE DISAPPROVED 20 _____
Zoning Permit Officer