For Office Use Only:  FILE #       FEE:

Applicant (print name): ____________________________________________________________________
Mailing address: _____________________________________________________________________________
Phone: _____________________________ Email: ____________________________________________

Applicant Signature: _________________________________________________________________________

PROPERTY LOCATION

Assessor’s Map and Tax Lot

Site address

The Zoning Determination Application (ZD) is the form used when a customer needs a written response
from the Planning Program, including State permit sign-offs. It is intended to assist customers who
have a question that can not be answered in 10 minutes by the Planner at the front desk.

In the space below, write the question/request you have for the Planner. Attach additional pages if
necessary.

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Version 08/2019