TOWN OF LISBON
ZONING PERMIT APPLICATION
(For single and two-family homes and accessory buildings or uses.)

NO:_____ Date:_____

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To be filled in by the Applicant:

Application is hereby made for a Zoning Permit for the use described herein and shown in accompanying plans.

Applicant:_____ Address:_____

Phone Number:_____

Property Owner:_____ Address:_____

Location of Property:_____

Land Records Book: Volume_____ Page_____ Land Records Map_____ Lot_____

Lot Size in Sq. Feet_____ Total Building Floor Area in Sq. Feet_____ Zone_____

Existing Use of Land or Building: _____

Proposed Use of Land or Building: _____

(Applications for permitted single-family/two-family dwellings and accessory buildings or expansions or additions of such buildings on residential lots shall complete the plot plan on the reverse side of this form.)

******ATTENTION******

A permit issued on the basis of this application certifies conformance with the LISBON ZONING REGULATIONS. Other permits may be required, such as those concerning driveways, wetlands and water and sewer facilities, fire protection, building code and health code. (Obtaining the additional permits is the responsibility of the Applicant.)

Signature of Applicant:_____ Date:_____

Signature of Owner:_____ Date:_____
(If different than applicant.)

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To be filled in by the Zoning Enforcement Officer: FEE COLLECTED BY BUILDING OFFICIAL UPON ISSUING OF BUILDING PERMIT.

Approved:_____ Disapproved:_____ Date:_____ Fee Paid: $_____

Reason for Disapproval: _____

_____ _____ Signature:_____
Sanitarian Wetlands Ben Hull, Zoning Enforcement Officer