

Petitioner: _____

CERTIFICATE OF ZONING COMPLIANCE

(To Be Completed by ZONING OFFICER)

1. Date Application Received: _____

2. Check # _____ Cash _____ Amount \$ _____

Receipt # _____ Late Fee \$ _____

3. Zoning District

Manufacturing

Farmland

Community Service

Rural Residential

Conservation

Urban Residential

4. Comments: _____

5. Recommends Approval: YES NO

6. Signed: _____
Name Title Date

7. I/We agree to comply with all zoning requirements for the zoning district as indicated in Item 3 above.

Petitioner Signature Date

Address _____

Telephone _____

Parcel # _____

Original: Zoning Office
Middle: Applicant
Last: County Building Department

Building permit must be obtained within 60 days of date in Item 6 above.