

**TOWN OF CLINTON
COMMERCIAL ZONING PERMIT APPLICATION**

A. This section to be completed by Applicant:

Current Use: _____

Proposed Use: _____

Hours of Operation: _____

Block & Lot _____ Zone _____ Address _____

Applicant _____
(Print) (Signature) (Date)

Applicant's Address: _____

Applicant's Phone # _____

Owner Name: _____
(Print) (Date)

Owners consent to filing application: _____
(Signature)

Owner's Address: _____

Owner's Phone # _____

Does the Proposed Use Include any of the following:

Alterations to the façade or roof
Of an existing building _____yes _____no

Increase of Floor Area _____yes _____no

Site Grading/Landscaping of
More than 250 square feet _____yes _____no

Increase or decrease in parking spaces _____yes _____no
Change in configuration of parking

- Or vehicular circulation yes no
- Increase or decrease of the size or Configuration of loading areas yes no
- Change of exterior lighting yes no
- Increase in impervious coverage (example paved areas) yes no
- Increase or decrease in size of Outside seating area yes no
- Change of volume or type of Solid Waste generated yes no
- Structural change to any principal Or accessory building yes no
- Erection, alteration or removal of Any (a) exterior signs yes no
- (b) window/door lettering yes no

Please include a sketch of the proposed interior uses (all floors) and exterior spaces and indicate the percentage of space used for public space, storage space, administrative space, and residential space, as well as all proposed signs indicating size, location, lettering, source of illumination, if any. Sketch should be drawn to scale and include all dimensions.

******* \$25.00 Fee to accompany Zoning Application *****

Signature (Zoning Officer)

Date
application received

B. This section to be completed by Zoning Officer:

I recommend the following:

___(A) The Zoning Permit is denied because of:

___(B) The Sign Permit is denied because of:

Referred to:

The Planning Board
Site Plan

Or:

The Board of Adjustment

Or

Referred to Sign Committee

Action:

___(A) The Zoning Permit is approved.

___(B) The Sign Permit is approved.

___(C) Referred as indicated above.

Signature (Zoning Officer)

Date