

ZL

ZONING USE AND DETERMINATION LETTER  
REQUEST



Date: \_\_\_\_\_  
Case No.: \_\_\_\_\_

**Fee:** \$150.00

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

PROPOSED BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Description of proposed use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will alcohol be sold? YES \_\_\_\_\_ NO \_\_\_\_\_

Information Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_