

**Town of Cameron
Zoning Application and Permit**

Applicant's Name: _____

Address: _____

Phone Number: _____ Applicant's Email: _____

Property Owner: _____

Property Owner's Address: _____

Property Owner's Phone Number: _____ Property Owner's Email: _____

Property Location: _____

Request: _____

The undersigned applicant and property owner hereby certify that, to the best of his or her knowledge and belief, all information supplied with this application is true and accurate.

Applicant

Date

Property Owner or Authorized Representative, if Different

For Office Use

LRK: _____ PIN: _____ Deed Book _____ Page: _____

Zoning District: _____ Acreage: _____ Watershed: Yes No

Floodplain: Yes No Historic District Design Requirements Apply: Yes No

Board Approval Required: Yes No Proposed Use Allowed: Yes No

Conditions of Approval, Including Watershed, Historic District and Floodplain Restrictions: _____

Request:

Approved

Denied _____ Zoning Official, Town of Cameron

Date: _____