

# TOWN OF THOMSON

## Application for Zoning Certification

I. Applicant: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

II. Activity Proposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. Location of property which activity is to be conducted on: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. Attach plat plan showing the location, dimensions and nature of any structure involved, including set backs from property lines.

V. The undersigned does hereby make application for a Zoning Certificate for the activity described herein. The undersigned has received and/or has reviewed in the Town office a copy of the Town of Thomson's Zoning Ordinance. The Town of Thomson relies on the undersigned's representations and does not waive the enforceability of the Zoning Ordinance in the event that errors, omissions or otherwise result in a non-conforming structure, use or activity. The undersigned shall be liable and responsible for all costs and expenses necessary for the proposed activity in final or completed stage to comply with the Zoning Ordinance, including but not limited to costs of dismantling and/or relocating structures in some instances.

The undersigned is aware of the right and opportunity to employ licensed professionals such as registered surveyors, registered architects and/or contractors, to ensure the proposed activity complies with the Zoning Ordinance.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**