

CHANGE IN USE VERIFICATION

DATE OF RECEIPT _____

OWNER/APPLICANT _____

OWNER OF RECORD _____

SIGNATURE OF OWNER (IF NOT APPLICANT) _____

TAX MAP & LOT _____

PROPERTY LOCATION _____ PROPOSED USE _____

PREVIOUS USE _____

CONTACT PERSON _____

OWNER/APPLICANT MUST COMPLY WITH ALL STATE BUILDING AND LIFE SAFETY CODES.
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ITEMS TO BE ADDRESSED:

COMMENTS:

DEPARTMENT SIGN-OFF - COMPLETED, NO CONCERNS:

HIGHWAY _____

ASSESSING _____

POLICE _____

FIRE _____

WATER & LIGHT _____

E911 ADDRESS _____

PLANNER _____

DATE COMPLETE _____