

TOWN OF SPRING LAKE ZONING PERMIT APPLICATION

PERMIT NO: Z-_____

Request for Zoning and/or Periodic Inspection

Location of Zoning Inspection: _____

New Business / Existing Business under new management

Name of Business: _____

Business Owner's Name: _____

Owner's Address: _____

Owner's Phone No: _____

The issuance of this permit, in no way authorizes a waiver for none-compliance of a federal, state, or local government regulation, law, or ordinance.

Signature: _____, Date: _____

Comments: _____

Inspection Fee \$_____

Inspection scheduled for: _____

Zoning Department Inspection

Zoning Inspector: _____, Date: _____

Approved Disapproved

Comments: _____

Fire Department Inspection

Fire Inspector: _____, Date: _____

Approved Disapproved

Comments: _____

Inspection Department

Building Inspector: _____, Date: _____

Approved Disapproved

Comments: _____

Water & Sewer Department

Cross Connection Control System Operator: _____, Date: _____

Approved Disapproved

Comments: _____
