

3. Primary Point of Contact (Applicant) Information

Primary Point of Contact		
Mailing Address:		
Phone:		
Email Address:		

4. Applicant Signature

By signing this application below, I hereby attest to the truth and accuracy of all facts and information presented with this application.

Applicant Signature		Date Signed	
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Submittal Requirements Checklist

Submit digital copies of all required documents. Hard copies of some documents may be required.

A. GENERAL INFORMATION

	Zoning Verification Form completely filled out
	\$25 Zoning Verification application fee or fee as established in City Code Appendix A Portsmouth Fee Schedule
	Any additional information determined to be necessary by the Planning Department staff

OFFICE USE ONLY	Case Number (Tidemark):	
	Accepted Date:	

APPROVALS

	Signature	Date Sent	Comments or Additional Case Numbers
Zoning:			