



**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.

<b>Applicant Signature</b>		<b>Date Signed</b>	
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**Submittal Requirements Checklist**

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

<b>A. GENERAL INFORMATION</b>	
	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

<b>OFFICE USE ONLY</b>		<b>Case Number (Tidemark):</b>	
		<b>Accepted Date:</b>	
<b>APPROVALS</b>			
	<b>Signature</b>	<b>Date Sent</b>	<b>Comments or Additional Case Numbers</b>
<b>Zoning:</b>			