

GILPIN TOWNSHIP CHANGE OF USE PERMIT APPLICATION

Applicant Name _____

Applicant Address _____

Applicant Phone Number (____) ____ - _____ Zoning District: _____

Current Use: _____

Proposed New Use: _____

Is the Use or Activity a Conditional Use under Art. 2 of the Gilpin Township Zoning Ordinance?

Yes No If yes, please fill out an application for Conditional Use.

I hereby certify that the information provided is true and correct to the best of my knowledge, information, and belief.

Applicant Signature _____ Date _____

Office Use Only:

Permit Fee Amount \$ _____ Cash Check Check Number: _____

Zoning Officer: Approved Declined Reason: _____

The Use Complies with Article 2 of the Zoning Ordinance? - Yes No

Zoning Officer Signature _____ Date _____