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SEASONAL USE PERMIT APPLICATION

		Date:
Name of Business:		
Address of Location:		
Principal Use at this Location: _		
Applicant Name:		
Address:		
		Cell:
Email:		
LEGAL DESCRIPTION:		
Subdivision Name:		
Filing #:	Lot #:	Block #:
Property Tax Parcel #(s):		
Present Zoning:		
Dates of Operation:	<u>to</u>	
To the best of my knowledge, the information contained on this application is true and correct.		
Signature		Date
FOR STAFF USE ONLY		
Staff Approval: Amount of Deposit: Date Received: SIP #: Electrical Permit #: Fire Inspection Date:	Inspecti	ion Date:neck Returned: