

TEMPORARY HOUSING PERMIT

Property Owner(s): _____
Name _____ Name _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
Phone (Home/Office) _____ Phone (Home/Office) _____

Applicant or
Representative: _____
Name _____
Address _____ City, State, Zip _____
Phone (Home/Office) _____

Property Location: Address _____
General Description: _____

Present Zoning: _____

Fee ___ Paid
\$50.00

This Permit will be for 180 days from date shown.

Date

Property Owner's Signature

Ford Office Use Only:
Planning Board: Accept ___ Reject ___

City Council: Accept: ___ Reject ___