



Lock Box Permit Application (Please Print)

PROPERTY ADDRESS:	
Permit Applicant:	Property Owner:
Company Name:	Name:
Street Address:	Phone No.:
Town, State:	Email Address:
Zip Code.:	Building Contact Name:
Phone No.:	Phone No.:
Email Address:	Email Address:
Business Information:	
Days and Hours of Operation:	
Type of Business: Retail Manufacturing Food ser	
Institutional Assembly Other (Describe):	
Type of merchandise/goods sold or manufactured:	
PURPOSE: (Check one) New Installation (Provide plot plan with location) Relocated Lock Box (Provide revised plot plan with location) Modifed Lock Box Describe Modification	
Signature of Applicant:	Date:
Along with this application, please submit a plot plan (may be hand sketch or drawn by a professional), dimensioning all building sizes, dimension between structures and dimensions to loy lines illustrating the following: All Buildings on the lot, and identify all structures (i.e. primary, shed, garage, etc.) Parking lots Driveways, streets, roads, alleys	
Contact Information:	
1st Emergency Contact:	2nd Emergency Contact:
Name:	Name:
Phone No. #1:	Phone No. #1:
Phone No. #2:	Phone No. #2:
Estimated response time:	Estimated response time:
OFFICE USE ONLY	
Permit No.:	Inspected By:
Date Issued:	Date Inspected:
Must be inspected within 10 days	Key Code:
Signature of Zoning Officer:	