

**VILLAGE OF MOUNT GILEAD  
APPLICATION FOR ZONING PERMIT**

(Allow ten days for processing.)

Required for the construction of new buildings and for changing the use of buildings and/or premises.

1. Name of Applicant (owner) \_\_\_\_\_ Phone \_\_\_\_\_

2. Address of Applicant \_\_\_\_\_

3. Location of site where zoning permit is requested:

Lot number \_\_\_\_\_

Street address \_\_\_\_\_

4. Current use of the facility and/or premises. \_\_\_\_\_

5. The property is presently zoned as:

R-1 Residential      B-1 Business      M-1 Manufacturing

6. State the planned use of facility and/or premises. \_\_\_\_\_

7. The application shall be accompanied by a check payable to the Clerk of the Village of Mount Gilead, or a cash payment in the amount of fifty (\$50) dollars.

Signature of applicant: \_\_\_\_\_

Date submitted: \_\_\_\_\_

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Office Use only

**DISPOSITION OF REQUEST**

The above request for a zoning permit has been:

Approved \_\_\_\_\_ (Valid for 1 year from the date signed) Rejected \_\_\_\_\_

If approved, list any stipulations: \_\_\_\_\_

\_\_\_\_\_

If rejected, state reason(s): \_\_\_\_\_

By Building and Zoning Inspector:

Date: \_\_\_\_\_

Village Administrator / Zoning Inspector