

City of Dover, New Hampshire APPLICATION FOR ZONING VERIFICATION, CERTIFICATION OR DETERMINATION

[Revision Date: March 19, 2021]

Office Use Only	Application Fee	<u>\$50.00</u>	Check #	Date Received	
APPLICATION TYPE (check one):	□ VERIFI	CATION	I cer	TIFICATION DETERMINATION	
APPLICANT and PROPERTY INFORMATION					
Name of Applicant:				Telephone #	
Address of Applicant:	E-Mail Address				
Name of Property Owner (if different fro	om applicant)):		Telephone #	
Address of Property Owner:	ress of Property Owner: E-Mail Address				
Assessor's Map # Lot #	Zonin	g District	(s)	Overlay District(s)	
Seeking Verification of: □ Zone □ Planning Board Approval □ Zoning Board Approval					
Seeking Certification: $\ \square$ there are no zoning violations $\ \square$ there are no Planning Board approval violations					
A letter will be generated responding to your request. Verification letters should be completed within 5 business days. Certification letters may take up to 10 business days as more research is required.					
If you are seeking a determination that your use of the property is in line with a permitted use, note the applicable permitted use: and describe the proposed use of the property (add additional sheets if necessary): If you are seeking a determination that you understand a section of the code accurately, please note the section: and describe what you seek clarification or a determination on (add additional sheets if necessary):					
SIGNATURES Signature of Property Owner:				Date:	
Signature of Applicant (if different from ow					
=======================================	== (For Det	erminati	ons) ===	=======================================	
Agreed / Disagreed (circle one) by	7	A 1		Date	
Reasons:					