

City of New Salem

Planning & Zoning

Office Use Only

Application Date _____

P&Z Action Date _____

City Council Action Date _____

Approval _____ Denial _____

Variance or Appeal Application

Property Owner(s):

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Cell# _____

Email _____

Request: _____

Application Fee: \$50.00

I hereby authorize New Salem Planning and Zoning Staff to enter upon property subject to this application to gather information pertinent to this request.

Signature(s) of Owner(s): _____ Date: _____

_____ Date: _____