

**TOWN OF HUDSON
ZONING PERMIT APPLICATION**

Date: _____

Application Number: _____
(Town of Hudson Use Only)

Property Owner: _____ Phone # _____

Agent/Applicant Other Than Property Owner: _____

Tax Map Number: _____ Block Number: _____ Lot Number: _____

Deed Book: _____ Page: _____ Date: _____

Address/Location of Property: _____

Mailing Address: _____

Number of Structures on Property: _____

Description of Each Structure: _____

Current Use of Property: _____

Proposed Use of Property: _____

Size of Property: _____

Size of Structure: _____

Size of Sign: _____

List Utilities Currently Installed on the Property: _____

List Utilities to be Installed on the Property: _____

Please explain your plans for the above described property in detail: _____

I certify that all information presented by me in this application is accurate and true to the best of my knowledge, information, and belief. I understand that any permit issued that is based upon false statements will be subject to revocation.

Applicant Signature

Date