

TOWN OF HUDSON ZONING PERMIT

Date: _____ Application Number: _____

Property Owner: _____ Phone Number: _____

Agent/Applicant Other Than Property Owner: _____

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

Zoning District: R-20 _____ R-15 _____ RA-15 _____ R-85 _____ R-75 _____ R-75A _____
R-MH _____ O-I _____ N-B _____ C-B _____ H-B _____ L-I _____ H-I _____

Mailing Address: _____

Address/Location of Property: _____

Hudson Town Limits: _____ Hudson ETJ: _____ Number of Structures on Lot: _____

Description of Each Structure: _____

Current Use of Property: _____

Proposed Use of Property: _____

To Erect _____ Alter _____ Enlarge _____ Repair _____

Size of Property: _____ Size of Structure: _____

Size of Sign: _____ Census Tract Number: _____

Setback Requirements: Front _____ Side _____ Rear _____ Minimum Lot Area: _____

Minimum Mean Lot Width: _____ Maximum Building Height: _____

List Utilities Currently Installed on the Property: _____

List Utilities to be Installed on the Property: _____

Flood Plain Zone: _____ Watershed Classification: _____

The above described property has found to be in compliance with the Town of Hudson Zoning Ordinance. The applicant is hereby authorized to apply for appropriate building inspection and health department permits for said property. The completion of this permit gives all parties permission to visit the site listed above.

Applicant Signature

Date

Zoning Enforcement Officer Signature

Date