

PERMIT NO: _____

DATE: _____

RECEIVED BY: _____

FEE AMT: \$50/yearly

CHECK NO: _____

CASH: _____



TOWN OF GALENA USE PERMIT

APPLICANT: _____ OWNER: _____

MAILING ADDRESS: _____

APPLICANT'S PHONE NO: _____ EMAIL: _____

ZONED: _____ TAX MAP: _____ PARCEL NO: _____ LOT: _____

LOCATION ADDRESS: _____

DESCRIPTION OF USE: _____

NUMBER OF PARKING SPACES ON SITE: _____

COPY OF BUSINESS PERMIT ATTACHED: YES NO

CONDITIONS: _____

APPROVED: _____ DATE ISSUED: _____