*Application must be completely filled out before submission. Incomplete applications will not be accepted.



Commonwealth of the Northern Mariana Islands Zoning Office, Caller Box 10007, Saipan, MP 96950 Tel. 670-234-9661, Fax. 670-234-9666 E-mail: zoningboard@cnmizoning.com

Single-Family Dwelling Zoning Permit Application

File Number	Received By
Date Received	Date Filed

PROJECT INFORMATION	
1. Use: (check all that apply)Single Family	y DwellingAccessory Use or Structure
	quired for Single-Family Dwellings. A property drawing that he property shall be submitted for a Single-Family Dwelling
2. Lot Number(s):	
3. Village:	4. Street:
APPLICANT INFORMATION (use name of	order: Given Name, Middle Name, Family Name)
5. Applicant Name:	
Company:	Phone:
Mailing Address:	Fax:
E-mail:	
Mailing Address:	
6. Authorized Representative:	
Company:	Phone:
Mailing Address:	Fax:
E-mail:	
Mailing Address:	<u> </u>
7. Applicant is (check all that are appropria	ite)
Property Owner Lessee Developer (describe)	Other

9. Utilities Existing sewage disposal:	None CUC Oth	nerSeptic Tank (show on site plan)
		septic tank/leaching field (show on site plan)
Existing water supply:	NoneIndividual w	rell (show on site plan)
Proposed water supply:		
	CUCCommunity	
not the sole owner of the property, I/V consent of all appropriate owners of the	We also declare, under the pene property, including, but no	ached documents, are true and correct. If I am/We are enalty of perjury, that I am/We are acting with the ot limited to, owners in fee simple, lessees and recognized forms of ownership under CNMI law.
Signature		Date:
Signature Printed Name in Engl	ish	Date:
Ç	ish	Date: