

Town of LeRay

CHANGE OF TENANT APPLICATION

Project #: _____

OFFICE USE ONLY

\$25 Application Fee
 Cash Check Check #: _____ Receipt #: _____
Zoning District Classification:
 AR R-1 MU CC PD MED MHO Well Head Protection Zone
Date submitted: _____ Received by: _____

If approved, how would you like to receive your Change of Tenant permit?

Mail Pick up at office E-mail a copy & mail the original

Contact Information

Applicant: _____
Email: _____ Phone: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
You are the: Owner Tenant Other, explain: _____

Property Owner (if different from applicant): _____
Email: _____ Phone: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

Change of Tenant

New Tenant: _____ Phone: _____
Parcel Address: _____ **Tax Parcel #:** _____
City: _____ State: _____ Zip: _____
Mailing Address (if different): _____
City: _____ State: _____ Zip: _____

Who was the previous Tenant? _____
Is there an Approved Site Plan? Yes No Unknown
Are you in compliance with this Site Plan? Yes No Unknown

I/we, the undersigned, do hereby respectfully agree to comply with any conditions required by the Town of LeRay and authorize the Zoning Enforcement Officer to go upon the property for the purpose of making site inspections. Furthermore, I/we agree to adhere to the stamped Approved Site Plan for the Town of LeRay Planning Board that was signed by the Chairperson.

Signature of Tenant: _____ Date: _____

Signature of Owner: _____ Date: _____
(if different from tenant)

This office has up to 30 days to review this application before issuing a permit.