APPLICATION FOR STAFF APPROVAL UNDER SECTION X OF AVON ZONING REGULATIONS

<u>APPLICANT</u>		
Name		Phone
		Phone
Tionic Address		
	T un	
OWNER(S) OF RECORD		
Name		Phone
		Phone
	1 u/1	
Name		
Business Address		Phone
		Phone
	Fax	Email
DECCRIPTION OF PARC	(IDI	
DESCRIPTION OF PARC		
Location	(square feet	, if less than 2 acres)
		Zone
PROPOSED USE		
APPLICANT'S SIGNATU The undersigned warrants the and consents to inspection of	e truth of all statemen	ts made in conjunction with this applica
(Applicant's Sign	nature)	(Print or Type Name and Title)
OWNERS' SIGNATURES The undersigned owner(s) of inspections of the site.		the submission of this application and to
(Owner's Signat	ture)	(Print or Type Name)
(Owner's Signature)		(Print or Type Name)