

City of Byron

Zoning Application

Full Legal Name of Applicant: _____

Address of Applicant: _____

Legal Description of Property: _____

Phone Number: _____

E-Mail: _____

Project: _____

Signature of Applicant

Date

Please attach the site plan, including setbacks, to this application.

_____ **Office Use Only** _____

Staff Comments: _____

Staff Signature: _____

Date: _____