



ZONING WORK RELEASE

Property Address: _____

Scope of work: _____

Applicant Name (print): _____ Date: _____

Business Name (print): _____

Applicant Signature: _____ Phone Number: _____

FOR OFFICE USE ONLY

Zoning District _____ Map/ Parcel Number: _____

P & Z Comments: *(if needed)* _____

The proposed work as mentioned above DOES NOT require MBPZ Commission approval.

This release does not guarantee land-use approval. All work is performed at the risk of the tenant or owner until a zoning compliance is issued for the proposed land-use. This release is intended for interior modifications of existing land-uses with valid zoning permits. **Separate department approvals may be required** prior to renovating or occupying the space. Exterior facades or roofing in design review districts require Design review Board approval for any changes in design or materials.

This release does not allow an increase in the number of dwelling units, as defined in Section 1.02[36]: *One (1) or more rooms in a residential building or residential portion of a building which are arranged, designed, used, or intended for use as a complete, independent living facility for one (1) family, and which include permanent provisions for living, sleeping, eating, cooking and sanitation.*

Review Officer: _____ Date: _____