



Commonwealth of the Northern Mariana Islands
 Zoning Office, Caller Box 10007, Saipan, MP 96950
 Tel. 670-234-9661, E-mail: staff@zoning.gov.mp

Single Family Home Zoning Permit Application

File Number	Received By
Date Received	Date Filed

PROJECT INFORMATION	
1. Use: (check all that apply) <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Fence <input type="checkbox"/> Retaining Structure <input type="checkbox"/> Accessory Use or Structure <input type="checkbox"/> Accessory Apartment	
<i>A scaled site plan with property lines is required for Single-Family Dwellings, Accessory Structures, and Accessory Apartments. A rough property drawing that accurately depicts the shape of all lots on the property may be submitted for Fence or Retaining Structure construction.</i>	
2. Lot Number(s):	
3. Village:	4. Street:
APPLICANT INFORMATION (use name order: Given Name, Middle Name, Family Name)	
5. Applicant Name:	
Company:	Phone:
Mailing Address:	Fax:
E-mail:	
Mailing Address:	
6. Applicant is (check all that are appropriate)	
Property Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Developer <input type="checkbox"/> Other (describe) _____	
7. Describe the location of the property or provide street address:	
8. Utilities Existing sewage disposal: <input type="checkbox"/> None <input type="checkbox"/> CUC <input type="checkbox"/> Other <input type="checkbox"/> Septic Tank (show on site plan) Proposed sewage disposal: <input type="checkbox"/> CUC <input type="checkbox"/> Other <input type="checkbox"/> Septic tank/leaching field (show on site plan) Existing water supply: <input type="checkbox"/> None <input type="checkbox"/> Individual well (show on site plan) Proposed water supply: <input type="checkbox"/> None <input type="checkbox"/> Individual well (show on site plan) <input type="checkbox"/> CUC <input type="checkbox"/> Community well	

DECLARATION

I (We) consent to the entry in or upon the premises described in this application by any authorized official of the Office of the Zoning Administrator or Hearing Officer for the purpose of inspection and of posting, maintaining, and removing such notices as may be required by law.

Lessee or Property Owner

I declare under the penalty of perjury that I am/We are the owner or lessee of the property under consideration in this application and that the above statements and answers, and the attached documents, are true and correct. If I am/We are not the sole owner of the property, I/We also declare, under the penalty of perjury, that I am/We are acting with the consent of all appropriate owners of the property, including, but not limited to, owners in fee simple, lessees and subleases, joint tenants, tenants in common and any other legally recognized forms of ownership under CNMI law.

Signature

Date: _____

Printed Name in English

Signature

Date: _____

Printed Name in English