

*Application must be completely filled out before submission. Incomplete applications will not be accepted.



Commonwealth of the Northern Mariana Islands
 Zoning Office, Caller Box 10007, Saipan, MP 96950
 Tel. 670-234-9661, Fax. 670-234-9666
 E-mail: zoningboard@cnmizoning.com

Record of Zoning Inquiry

File Number:	Received By:
Date / Time Received:	Assessed By:

***** THIS FORM IS NOT A ZONING PERMIT:**

Name of Business:	
Applicant:	
Address:	
E-mail:	Phone:
Lot #:	Fax:
Village:	Street:
Purpose of your visit: <i>Business license renewal</i> ___ <i>Certificate of Occupancy</i> ___ <i>USCIS</i> ___ <i>New Business</i> ___	
What is the nature of your business: _____	
<i>I fully understand that this form is not a zoning permit, and that I shall apply for a permit before any development or business activity occurs:</i>	
_____	Date: _____
Printed Name	Tel: _____

Signature	

(for Zoning staff only)	
Use Category (from Table 1) _____	
Zoning District: AG ___ BR ___ GE ___ GC ___ IN ___ MC ___ PR ___ RU ___ TR ___ VC ___ VR ___ ABO ___	
<input type="checkbox"/>	This applicant receives ZONING CLEARANCE to perform such use for the following reason: ___ Use/Activity is exempted from the requirement of the Amended Saipan Zoning Law of 2013 ___ Land clearing only without any development (applicant shall return to apply for a zoning permit before any development occurs). ___ Change of company ownership ___ Others: _____
<input type="checkbox"/>	This applicant is required to obtain a Zoning Permit for the activity(ies) described above.
<input type="checkbox"/>	This is a Non-Conforming Use/Structure (applicant needs to register for Non-Conforming Use/Structure with 2 proofs for existence prior to February 1, 2008).
<input type="checkbox"/>	This proposed use is not permitted in the zoning district.