

\*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](mailto:zoningboard@cnmizoning.com)

## Zoning Permit Application

|                |                               |
|----------------|-------------------------------|
| File Number:   | Received By:                  |
| Date Received: | Assessed By:<br>_____ & _____ |

|   |        |
|---|--------|
| <b>SITE INFORMATION</b>   |        |
| 1. Name of Business:  |        |
| 2. Zoning District:   |        |
| 3. Lot Number(s):   |        |
| 4. Lot area:  | sq. m. |
| 5. Village:   |        |
| 6. Street Name:   |        |
| 7. Use(s) (from Table 1, SZL)   |        |
| <b>APPLICANT INFORMATION</b> (use name order: Given Name, Middle Name, Family Name) |        |
| <b>8. Applicant Name:</b>   |        |
| Company:  |        |
| Mailing Address:  |        |
| E-mail:   |        |
| Phone:  | Fax:   |
| <b>9. Authorized Representative:</b>  |        |
| Mailing Address:  |        |
| E-mail:   |        |
| Phone:  | Fax:   |
| <b>10. Lessee</b>   |        |
| Mailing Address:  |        |
| E-mail:   |        |
| Phone:  | Fax:   |
| <b>11. Property Owner Name (if not applicant):</b>                                  |        |
| Mailing Address:  |        |
| E-mail:   |        |
| Phone:  | Fax:   |
| <b>12. Applicant is (check all that are appropriate)</b>                            |        |
| Property Owner ____ Lessee ____ Developer ____ Other(describe) _____                |        |
| <b>13. Describe the location of the property or provide street address:</b>         |        |
|   |        |

**14. Describe the current use of property including number of dwelling units and size of structure(s):**

**15. Describe your proposal:**

**DECLARATION**

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

**Applicant**

I declare under the penalty of perjury that the above statements and answers, and the attached documents, are true and correct.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name in English

**Lessee or Property Owner**

I declare under the penalty of perjury that I am 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 not the sole owner of the property, I also declare, under the penalty of perjury, that I am acting with the consent of all appropriate owners of the property, including, but not limited to, owners in fee simple, lessees and sublessees, joint tenants, tenants in common and any other legally recognized forms of ownership under CNMI law.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name in English

**Required enclosures:** Depending on the proposal, additional information may be required.