

Town of Victoria  
Zoning Permit Application

Applicant:  
Address:  
Telephone:  
Legal Owner (if different):  
Address:  
Telephone:  
Parcel Address:  
Parcel Tax Map ID:  
Parcel Size:  
Parcel Zoning:  
Zoning Ordinance Section:  
Water/Sewer Approval:  
Site Plan Required: YES NO  
Plans Attached: YES NO  
Written Description of Project

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CERTIFICATION

I hereby certify that I have the authority to make the foregoing application and that the information given is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

Date