

Commonwealth of the Northern Mariana Islands Zoning Office, Caller Box 10007, Saipan, MP 96950 Tel. 670-234-9661, Fax. 670-234-9666, E-mail: staff@zoning.gov.mp

Record of Zoning Inquiry

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

*** THIS FORM IS NOT A ZONING PERMIT

THIS FORM IS NOT A ZUNING PERMIT:		
Name of Company:		
Applicant:		
Address:		
E-mail:	Phone:	
Lot #:	Fax:	
Village:	Street:	
Purpose of your visit: Business license renewalCertificate of OccupancyUSCISNew Business What is the nature of your business: I fully understand that this form is not a zoning permit, and that I or the company I represent, shall apply for a permit before any development or business activity occurs: (print name, sign, and date):		
Name:Date:	tel:	
(for Zoning staff only)		
Use Category (from Table 1)		
Zoning District: AG BR GE GC IN MC PR RU TR VC VR ABO		
This applicant hereby receives ZONING CLEARANCE to perform such use for the following reason: Use/ Activity is exempted from the requirement of the Saipan Zoning Law Land clearing only without any development (applicant shall return to apply for a zoning permit before any development occurs). Change of company ownership Others:		
This applicant is required to obtain a Zoning Permit for the activity(ies) described above		
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)		
This proposed use is not permitted in the zoning district		