

PERMIT NO: _____ DATE: _____ RECEIVED BY: _____

FEE AMT: \$50.00 CHECK NO: _____ CASH: _____



TOWN OF GALENA USE PERMIT

ISSUED TO: _____

PHONE NO: _____ EMAIL: _____

ZONED: _____ TAX MAP: _____ PARCEL NO: _____ LOT: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____

DESCRIPTION OF USE: _____

COPY OF BUSINESS PERMIT ATTACHED: YES NO

DATE ISSUED: _____

SIGNED: _____

SHARON WEYGAND, TOWN MANAGER