

**TOWN OF LAGRANGE  
STATEMENT OF USE SUBMITTAL**

**REQUEST FOR INFORMATION  
RESIDENTIAL**

**Office Use Only**

PROPERTY ID NO. \_\_\_\_\_ ADDRESS \_\_\_\_\_

Instructions: Inquirer completes Section A (page 1 of form). Sections B, C & D are for office use only.

**SECTION A APPLICANT & PROJECT INFORMATION**

Inquirer's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Inquirer's Email Address: \_\_\_\_\_

**Location for which this inquiry is made:** No. \_\_\_\_\_ Street \_\_\_\_\_ Site Name \_\_\_\_\_

Type of Business  RESIDENTIAL  SPECIAL USE PERMIT  HOME OCCUPATION  CIVIC  GROUND MOUNTED SOLAR  
 WIRELESS COMMUNICATIONS  CHILD CARE  ACCESSORY APARTMENT  OTHER \_\_\_\_\_

Will state or county license or permits be required for this business?  Yes  No

Will there be outdoor activity or outdoor storage of any kind for the operation of the business?  Yes  No

If you have checked "yes" to any of the above questions, please include details in your Statement of Use.

**INQUIRER'S STATEMENT OF USE (additional information may be submitted under separate cover)**

NOTE: If other than owner, written consent from owner required; Complete Owner's Endorsement form.

Statement of Use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Additional Documents Submitted:

\_\_\_\_\_  
\_\_\_\_\_

**INQUIRER TO FILL OUT ALL THAT APPLY**

Business Floor Area (ft<sup>2</sup>):  Does the building or site have more than one use?  Yes  No

Number of employees:  Number of seats:

Number of stations/machines:  Number of toilets:

Specialty equipment: \_\_\_\_\_

**INQUIRY IS HEREBY MADE PURSUANT TO THE ABOVE STATEMENT OF USE & INFORMATION PROVIDED**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print

**OFFICE USE ONLY**

PAYMENT RECEIVED \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ DATE \_\_\_\_\_