Office Use Only
Date_____ Time _____
Fee_____ Received by _____
Type_____

GROWTH PERMIT APPLICATION

1. **NAME of Owner of Lot _____ Phone Number_____**

2. **ADDRESS of Owner: Street_____City_____ State _____ Zip _____**

3. **LOT Description**
   A. Subdivision Name _____ Lot Number _____ Tax Map _____ Lot # _____

   Street Name _____ Lot Area in Square Feet _____

4. **DATE OF DEED (ownership of lot): Day _____ Month _____ Year _____**

   CUMBERLAND COUNTY REGISTRY OF DEEDS FILE DATE: _____ Book# _____ Page# _____

5. **PURPOSE: Single Family _____ Duplex _____ Multi-family _____ Other _____**

6. **OTHER PERMITS – Have other permits been issued to you or a related party as identified in Section 6.C. in**

   this fiscal year? YES: ____ NO: ____ If yes, why: _____

7. **FALSE INFORMATION: Any person who knowingly provides false information on an application shall be subject to the penalties provided by law and shall not be eligible to apply for a Growth Permit Application for a period of one (1) year.**

8. **APPLICANT CERTIFICATION, SIGNATURE AND DATE**
   I certify that all of the above information given by me is true and correct to the best of my knowledge.

   _____ _____
   Signature of Applicant Date

9. **For an application to be complete the following must be attached;**
   1. **Septic design (HHE-200 form, no more than 2 years old) or proof of a sewer user unit, and**
   2. **Application Fee of $100.00.**
   3. **Before a permit can be issued - Articles of incorporation, or other types of business documents may be required as proof of compliance with Section 6.C.4.**

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