

APPLICANT'S ADDITIONAL INFORMATION:

Lined area for applicant's additional information.

I hereby grant permission for a Village of Galien official to enter the subject property for the purpose of gathering information related to this application, at a time mutually agreed-upon with the applicant.

Applicant's Signature Date

For Village of Galien Zoning Administrator Use Only:

1) Meets Zoning Ordinance Requirements: Yes No
2) Approved: Yes No

Comments: _____

Zoning Administrator's Signature Date