

INCOMPLETE FORMS WILL NOT BE ACCEPTED!

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN A NY PAPERS OR PLANS SUBMITTED HEREWITH ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

OWNERS SIGNATURE _____ DATE _____

PRINT OWNERS NAME _____

Mills County Building and Zoning Use Only

Zoning District # :	Filing Date:	Received By:
Zoning Action:		Date:
Council Action:		Date:
		Effective/Approval Date:

**Please make be certain that you want to proceed with this project when you submit your application.
The fees that you submit are not refundable once the application is submitted.**