



HOUSING & REDEVELOPMENT AUTHORITIES  
OF CUMBERLAND COUNTY

Better Places, Better Lives

## Zoning Confirmation for Streetview Grant

**To be completed by the municipality's Zoning Officer or authorized agent.**

Property address: \_\_\_\_\_

\_\_\_\_\_

Municipality: \_\_\_\_\_

What zone is the property located in?

i.e. Historic, Business, Commercial, etc.. \_\_\_\_\_

Name of person completing the form: \_\_\_\_\_

Title of person completing the form: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I agree that all the information presented within this form is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date