

Village of Byron Permit Waiver

Date: _____ Permit Number: _____

Village Property ID Number: _____

Owner: _____ Address: _____

Phone number: _____ Cell number: _____ Email: _____

Applicant: _____ Address: _____

Phone number: _____ Cell number: _____ Email: _____

Project (Describe in Detail): _____

Does not require a Zoning Permit!

Zoning Administrator: _____ Expiration Date: _____