



CANDLEWOOD SHORES TAX DISTRICT GENERAL PERMIT APPLICATION

OWNERS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

PURPOSE: _____

START DATE: _____

END DATE: _____

APPROVED BY: _____

Compliance Officer: Bob Dolan
email bdolan@scalzoproperty.com

Ordinance Website
www.candlewoodshores.com

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