



WILLIAM GALESE
MAYOR

TOWNSHIP OF FAIRFIELD
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ZONING DEPARTMENT

CANNABIS ZONING VERIFICATION APPLICATION

Date: _____

Property Owner Name: _____

Address: _____

Applicant Name: _____

Address: _____

Phone: _____

Proposed Cannabis Application Business Name: _____

Proposed Address: _____

Block and Lot: _____

Zone Location: _____

Fee: \$100.00 (non-refundable)