



**APPLICATION FOR ZONING & BUILDING COMPLIANCE DETERMINATION**  
**REQUIRED PRIOR TO LICENSES FOR NEW OR RELOCATED BUSINESSES**

Complete all the information below and submit this form to the City Clerk's Office with your completed business license application. For questions, contact Public Works at 573-243-2400 or e-mail permits@jacksonmo.org

DATE OF APPLICATION: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

PROPOSED BUSINESS LOCATION: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

PROPERTY OWNER MAILING ADDRESS: \_\_\_\_\_

PROPERTY OWNER TELEPHONE: \_\_\_\_\_

PREVIOUS USE OF BUILDING: \_\_\_\_\_

PROPOSED USE OF BUILDING(S): \_\_\_\_\_

WILL THERE BE OTHER BUSINESSES OR RESIDENCES IN THIS BUILDING? YES  NO   
DESCRIBE: \_\_\_\_\_

IS THE BUSINESS LOCATED IN A HOME, APARTMENT, OR RESIDENTIAL ACCESSORY BUILDING? YES  NO

WILL ANY REMODELING / RENOVATION BE DONE TO BUILDING? YES  NO   
DESCRIBE: \_\_\_\_\_

IS OFF-STREET PARKING AVAILABLE ON SITE? YES  NO

NO. OF EXISTING OFF-STREET PARKING SPACES \_\_\_\_\_

NO. OF EXISTING OFF-STREET HANDICAP ACCESSIBLE PARKING SPACES \_\_\_\_\_

WILL PARKING AREAS BE ADDED OR RENOVATED? YES  NO

WILL FREE-STANDING SIGNS BE ADDED FOR THIS BUSINESS? YES  NO

WILL ATTACHED SIGNS BE ADDED FOR THIS BUSINESS? YES  NO

NO. OF FREE-STANDING SIGNS PROPOSED: \_\_\_\_\_

**I hereby certify that I am the property owner or authorized agent for property owner:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE INFORMATION BELOW IS TO BE COMPLETED BY THE BUILDING / ZONING OFFICIAL**

Current zoning district: \_\_\_\_\_ Is the proposed use allowed in this zone? YES  NO   
Does existing & proposed parking meet minimum requirements? YES  NO   
Will the proposed number of free-standing signs be compliant? YES  NO

The following items related to this business will require permits:

Special Use  Construction  Renovation/Addition  Signs  Parking Alterations

**This application is hereby APPROVED  DENIED**

Signature of building / zoning official: \_\_\_\_\_ Date: \_\_\_\_\_