



APPLICATION FOR ZONING & BUILDING COMPLIANCE DETERMINATION
REQUIRED PRIOR TO BUSINESS LICENSE 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.

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

NUMBER OF FREE-STANDING SIGNS PROPOSED: _____

WILL SIGNS ATTACHED TO THE BUILDING BE ADDED FOR THIS BUSINESS? YES NO

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: _____