



Zoning Compliance Certificate Application Fee \$25

Please provide the following information:

Property Addre	ess:					
Name of Applying Business:			Rents this space Owns this space			
Applicant Nam	ne:					
Address:						
Phone number(s) cell: alternate phone:						
Email Address:						
Please indicate proposed	PERMANENT RETAIL FIREWORKS SALES	TEMPORARY TENT FIREWORKS SALES	RETAIL	SCHOOL	HOME OCCUPATION	DAYCARE
uses <u>and</u> <u>NOTE THE</u> <u>SQUARE</u>	ENCLOSED VEHICLE STORAGE	MINOR VEHICLE REPAIR	HOTEL/MOTEL	RESTAURANT	RESIDENTIAL	PLACES OF WORSHIP
FOOTAGE FOR EACH USE IN THE APPLICABLE	EQUIPMENT SALES	MAJOR VEHICLE REPAIR	VEHICLE SALES	PARKING FACILITY	OUTDOOR DISPLAY	OUTDOOR STORAGE
Total height of shelved items is	INCIDENTAL STORAGE OF COMBUSTIBLES	INCIDENTAL STORAGE OF NONCOMBUSTIBLES	INCIDENTAL STORAGE OF HAZARDOUS MATERIAL	SMALL ANIMAL CARE	MEDICAL	OFFICE
over 12 feet YES NO	WAREHOUSE STORAGE OF COMBUSTIBLES	WAREHOUSE STORAGE OF NONCOMBUSTIBLES	WAREHOUSE STORAGE OF HAZARDOUS MATERIAL	MANUFACTURER	FUELING STATION	OTHER
Describe IN DETAIL the use or uses of this space:						
Provide Start-up date: Provide Number of Employees:						
Will ALL ACTIVITIES associated with the proposed use be within structure(s) or buildings? YES If no, describe the activity: NO						_
Owner's Certifications: By signing or typing your name, you certify that the information contained in this application and on any accompanying documents is true, that you have the permission of the property owner to perform the work herein described, and that you will comply with Code and covenant restrictions for this property.						
[Note: Separate applications are required for building, electrical, plumbing, heating, cooling, signs, sewer, and water service.]						
ONE SIGNATURE & DATE REQUIRED Signature of Authorized Agent: Date:						
Signature of Authorized Agent: Date:						
Signature of Owner:				Date:		