

ZONING CERTIFICATE APPLICATION

Applicant Information:

Name:		
Street:		
City:	State:	Zip:
Telephone Number: ())	Fax Number: ())	
E-Mail Address:		

Business Information:

Name of Establishment:		
Street:		
City:	State:	Zip:
Telephone Number: ())	Fax Number: ())	
E-Mail Address:		
Location: On the N S E W side of _____ Street/Road, approximately _____ feet N S E W of the intersection with _____ Street/Road.		
Is this a new ownership on an existing business? New Existing		
If Yes, what is the type of proposed business?		
Type of existing or past business:		
Wholesale or Retail? Wholesale Retail		
Number of anticipated employees:		
Number of off-street parking spaces available:		
Number of square feet of building area to be used in business:		
What date will business begin?		
Comments you feel may be relevant to your application:		
\$25 FILING FEE		

FOR OFFICE USE ONLY

ZONING INVESTIGATION REPORT

APPLICANT _____

ADDRESS _____

1. DATE APPLICATION RECEIVED BY THE CITY _____

2. APPLICATION NUMBER _____

3. PAST OCCUPANCY TYPE ZONING _____ BUILDING CODE _____

4. PROPOSED OCCUPANCY TYPE ZONING _____ BUILDING CODE _____

5. NUMBER OF OFF-STREET PARKING SPACES AVAILABLE _____

6. IS THE BUILDING STRUCTURALLY SOUND? _____

7. ZONING REPORT _____

DATE _____ CITY ENGINEER _____