



APPLICATION FOR ZONING APPROVAL

(All information must be provided for your application to be processed)

PROCESSING FEE: \$110.00
(Non-refundable)

Business Information

Name of Business: _____

Business Address: _____ Suite Number _____ Zip Code _____

Type of Business (Use): _____

Square Footage to be Occupied: _____ Floor of Building: First Second Third

Premises Previously Occupied By: _____ Previous Business Type (Use): _____

Business Owner/Principal

Name: _____ Phone Number: _____ Email Address: _____

Mailing Address (if different): _____

Property Owner or Management Co.

Name: _____ Phone Number: _____ Email Address: _____

Mailing Address: _____

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I HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Date

Signature

CITY USE ONLY

Action: Approved Denied Zoning District _____ APN: _____

Business Use Classification: _____ Permitted Conditional Legal Nonconforming

Signature of Planner _____ Date _____

Notes: _____