

BUSINESS LICENSE ZONING COMPLIANCE APPLICATION

Date: _____

Business/Company Name: _____

Property Owner Renter

Name: _____

Address of Business/Home: _____

City: _____ State: _____ Zip Code: _____

Contact Telephone: (____) _____

Type of Permit or License applying for: _____

Type of Business to be operated: _____

Signature: _____

Contact Information of Property Owner (If Different than Above):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Telephone: (____) _____ Signature: _____

Circle Zone: R-1 R-2 R-3 C-1 C-2 C-3 I-1 I-2

(FOR CITY USE ONLY)

Tax Map Number: _____

Status: Approved Denied

Reason for Denial: _____

This Compliance Application has been reviewed by: _____

Building Inspector

If denied: Request for Board of Zoning Appeals Meeting

Action: Reviewed by BZA on: _____ Date _____ Approved Denied

Approved for use as: _____