Property Use Verification for Use and Occupancy

For the purpose of determining if a proposed use is permitted in the applicable Zoning District, please complete the following information:

Address where business will be located: ______________________________________

Name of business: __________________________________________________________

Contact person: ____________________________________________________________

Phone Number: ___________________________ Email: ____________________________

Provide a description of the proposed use. Include types of products being sold, services being offered, items distributed, stored, manufactured, etc. (attach additional pages if necessary)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

If this is a restaurant, how many seats will be available? ________________

Will there be a drive-through window? Yes________ No_____

I attest the above is true and accurate.

_________________________ _______________________
Signature Date

_________________________
Print Name

date stamp

STAFF USE:

Zoning District: _____________________________________________

Use Designation: ___________________________________________

Permitted Use in Zone? Yes________ No_______ Conditional Use _______

Any Special Requirements? Yes________ No________

If yes, explain: ______________________________________________

__________________________________________________________________________

__________________________________________________________________________

Staff Reviewer ______________________ Date ______________________