Change of Use, Business Name, or Ownership Permit

Zoning District:_____
Date: _____

_____

STREET # **ADDRESS** **SUBDIVISION** **LOT #**

Proposed Use of the Property: _____

Previous Use of the Property: _____

Previous Business Name: _____

New Business Name: _____**Business Phone** _____

Applicant's Name: _____ **Telephone #:** _____

Applicant's Address: _____ **Fax #:** _____

Tax Map Parcel Number: _____-_____-_____

I hereby certify that the information provided hereon is, to the best of my knowledge, correct and complete. I understand that providing false or incomplete information or violating an approved zoning permit may be grounds for revocation of the permit and any associated building permit.

_____ _____
Applicant's Signature Date

******DO NOT WRITE BELOW THIS LINE******

Based upon the information provided with this application, the use as proposed meets the requirements of the zoning ordinance and other land use regulations in effect in the city's jurisdiction. Applicable setbacks and a general description of use limitations are attached.

Additional Remarks: _____

_____

_____

_____ _____
City Zoning Officer Date

Revised 8-2-00