



Date Received: _____

Received By: _____

PZR #: _____

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Payment via: _____

Business Conformance Zoning Review Application

Fee \$25 – Cash / Check – payable to City of Covington

PROPOSAL TO BE COMPLETED BY APPLICANT

This form is for a preliminary review of a proposed use for conformance to zoning. It is important that the description of your proposed business is comprehensive in scope. **Home based:** ☐ **Commercial:** ☐

***Home based: Are you the lessee?** _____ **If yes, include a signed/notarized letter of approval from property owner regarding.**

***Commercial: Has leased been signed?** _____ **If yes, submit a copy of lease agreement with application.**

Printed Name of Applicant/Business Owner: _____

Email Address: _____ Phone Number: _____

Name and Description of Existing/Previous Business (if known): _____

Name of Proposed Business: _____

Business Location Address: _____ NAICS Code: _____

Description of Proposed Business: _____

Hours of Operation: _____ Delivery on a daily basis: Yes ☐ No ☐

Number of employees _____ Number of Vehicles to parked on-site, including personal: _____

Number and type of vehicle(s) being used for proposed business:

Number: _____ Make & Model of vehicle(s): _____

Are all business activities conducted on-site? If not, please explain: _____

Applicant/Owner Printed Name: _____ Applicant/Owner Signature: _____ Date: _____

For Office Use Only

Zoning District: _____ NAICS / 16.16.020 Permitted Use: _____

Parcel ID: _____ Approved: ☐ Approved w/Cond: ☐ Requires SUP: ☐ Denied: ☐

Verified By: _____ Date: _____

Comment: _____

Zoning # _____ Compliance inspection scheduled: _____ Utility release: _____