

Date Received: _____
Received By: _____

Business Conformance Zoning Review



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.

Name of Applicant/Business Owner: _____

Email Address: _____ Phone Number: _____

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

Name of Business: _____

NAICS Code: _____

Business Location Address: _____

Description of Proposed Business: _____

Hours of Operation: _____ Delivery on a daily basis: Yes NO

Number of employees: _____ Number of Commercial Vehicles to be parked on-site: _____

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

Applicant/Business Owner Signature: _____ **Date:** _____

*** For Office Use Only ***

Zoning District: _____ Use _____

Verified By: _____ Date _____

Comments: _____