



# Commercial Business Zoning Compliance Application

## OFFICIAL USE ONLY:

UDO Number: \_\_\_\_\_ Zoning Dist.: \_\_\_\_\_  
 Date Filed: \_\_\_\_\_ Flood Zone: \_\_\_\_\_  
 Amount Paid: \_\_\_\_\_ Watershed (Y/N): \_\_\_\_\_  
 Received By: \_\_\_\_\_ Taxes Pd(Y/N): \_\_\_\_\_

### Contact Information

#### PROPERTY OWNER

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

#### APPLICANT

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: \_\_\_\_\_  
 WRITTEN PERMITSSION FROM PROPERTY OWNER/LEASE AGREEMENT (Y/N/NA) \_\_\_\_\_

### Business Information

Business Name: \_\_\_\_\_  
 Physical Street Address: \_\_\_\_\_  
 Type of Business Use: \_\_\_\_\_ Associated Site Plans \_\_\_\_\_  
 Parcel ID Number(s): \_\_\_\_\_  
 Any other permits being obtained/required (Y/N): \_\_\_\_\_  
 Number of Employee (s) \_\_\_\_\_ Number of Business Vehicles on Property \_\_\_\_\_

**Narrative** of Type/Activities of Business(*attach separate sheet if needed*):

\_\_\_\_\_  
 \_\_\_\_\_

***I, the undersigned, do certify that all of the information presented in this application is accurate to the best of my knowledge, information, and belief. Further, I hereby authorize county officials to enter my property during reasonable business hours for purposes of determining zoning compliance. All information submitted and required as part of this application process shall become public record.***

\_\_\_\_\_  
 Property Owner(s)/Applicant\*

\_\_\_\_\_  
 Date

Note: Forms must be signed by the owner(s) of record, contract purchaser(s), or other person(s) having a recognized property interest. If there are multiple property owners/applicants, a signature is required for each.

12/31/2020