



Type of Review Requested (check all that apply)

- Administrative Determination
- Business Permit
- Certificate of Compliance
- Home Occupation
- Mobile Food Unit
- Lot Line Adjustment
- Simple Lot Split
- Temporary Use
- Time Extension/Renewal
- Transient Merchant License
- Other _____

STAFF USE ONLY:

File number(s): _____

Project name: _____

Received by: _____ Date received: _____

Related files: _____

Subject Property Information

Address: _____ Parcel Number(s): _____

Subdivision: _____ Block: _____ Lot: _____ Acreage: _____ Zoning: _____

Prior Use of the Property: _____

Proposed Use of the Property: _____

Applicant Information:

Applicant Name (Business Owner): _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell: _____

Property Owner Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell: _____

Agent Name: (e.g., architect, engineer, developer, representative) _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell: _____

Authorization

Print applicant name: _____

Applicant Signature: _____ Date: _____



Project Name:	File #:
Applicant/Agent:	

Applicant (v)	Please provide the following REQUIRED documentation:	Staff (v)
	Copy of current Certificate of Compliance	
	Narrative describing any proposed changes or new locations	
	Copy of SWDH (Southwest District Health) Permit	
	Copy of current vehicle registration and current proof of insurance	
	Fee	

The applicant shall comply with City Code: Chapter 10-02-13 at all times. Any violations of City Code, including but not limited to: hours of operation, signage, garbage accumulation, excessive noise and/or disturbances, shall render any approvals null and void.

P&Z STAFF USE ONLY:

Start Date: _____ End Date: _____

Comments: _____

Reviewed by: _____

FIRE DEPT. STAFF USE ONLY:

Approve Approved w/ Conditions Deny

Comments: _____

Reviewed by: _____