



# Business Zoning Approval

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Updated FEB 2026

## OFFICE USE ONLY

Property Address: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Zoning: \_\_\_\_\_ P&Z Signature: \_\_\_\_\_

Action:  Approved  Denied  Requires Conditional Use: \_\_\_\_\_

## Applicant Information

Applicant Name \_\_\_\_\_ Applicant Phone \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant Email \_\_\_\_\_

## Business Information

Business Address \_\_\_\_\_

Business Activities (describe) \_\_\_\_\_

Will commercial vehicles be used?  Y  N

If yes, list size, number, type, and storage location\*: \_\_\_\_\_

Will fleet vehicles be parked overnight?  Y  N

If yes, list size, number, type, and storage location\*: \_\_\_\_\_

Will chemicals or hazardous materials be stored on site?  Y  N

If yes, list quantities, types, and storage location\*: \_\_\_\_\_

*\*If additional space is required for explanations, please attach an additional sheet.*

## Affidavit

I, the undersigned applicant, certify that I have completed this application and that all information contained herein is true and accurate to the best of my knowledge.

Applicant Print Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_