



Business Zoning Approval

Page 1 of 1

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 Name _____ Business Physical 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 _____