



### APPLICATION FOR CODE COMPLIANCE CERTIFICATE

Certificate No.: \_\_\_\_\_ Application Date \_\_\_\_\_  NEW APPLICATION  
 RENEWAL APPLICATION

#### REQUIRED INFORMATION

Business Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

City/State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Business Owner \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Provide a detailed description of business use: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Number of Parking Spaces Provided \_\_\_\_\_

Square Footage of Office/Business Space \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### MISSING INFORMATION MAY CAUSE A DELAY IN THE PROCESSING OF YOUR APPLICATION

OFFICE USE ONLY	
Zoning Use Classification (for use described above) _____	
Permitted Use <input type="checkbox"/> YES <input type="checkbox"/> NO	Zoning District _____
Conditionally Permitted <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES - C.U.P# _____ (Attach decision letter)
Variance <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES - Variance# _____ (Attach decision letter)
Nonconforming Use <input type="checkbox"/> YES <input type="checkbox"/> NO	(If YES, please describe nonconformity) _____
Code Required Number of Parking Spaces _____ Shared Parking Agreement: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Sign _____ Date _____	
Comments/Restrictions with <i>Approval</i> or reasons for <i>Denial</i> _____	