



ZONING CERTIFICATE

Applicant name: _____

Home address: _____

Home phone: _____ Cell/Additional Phone: _____

Email address: _____

Business name: _____

Type of business: _____

Business address: _____

Business phone: _____

Parcel #: _____

Previous use of building: _____

Proposed use of building: _____

Fully describe the business activity: _____

FOR HOME OCCUPATION ONLY:

Does business owner live in home: yes no

Fully describe the business activity: _____

How many people will work in the house? _____

Will outside storage of equipment or material be required? yes no

If yes please explain: _____

Will business activity create any noise, smoke, odor, dust, radiation, electrical interference, or vibration? yes no

Will a sign be required: yes no

Will off street parking be provided for at least two cars: yes no

I understand that this zoning certificate is issued only for the business and location as described above. Any misrepresentation in the activity or deviation from the above will void this certificate.

Applicant signature: _____ Date: _____

ZONING STAFF ONLY (Per Zoning Ordinance Chapter 31)

Zoning District: _____

Zoning Certificate Approval: _____

Date: _____