

ZONING DIVISION REVIEW

BUSINESS TAX RECEIPT # _____

PROPOSED BUSINESS NAME: _____

PROPERTY OWNER/AGENT: _____
(if different from applicant)

TELEPHONE NUMBER OF PROPERTY OWNER/AGENT: _____

NUMBER OF PARKING SPACES ASSIGNED TO UNIT: _____

SQUARE FOOTAGE OF UNIT/SPACE: _____

BUSINESS ADDRESS, CITY, ZIP: _____

FORMER USE/BUSINESS AT PROPOSED LOCATION: _____

TYPE OF BUSINESS

PROPOSED USE: _____

IF MEDICAL, NUMBER OF DOCTOR/DENTISTS: _____ EMPLOYEES: _____

IF AUTO REPAIR (ENGINE REPAIR, BODY WORK, PAINTING, DETAILING, UPHOLSTERY), PROVIDE NUMBER OF WORK STATIONS/BAYS: _____

IF RESTAURANT/BAR, NUMBER OF SEATS PROPOSED: _____ AND NUMBER OF EMPLOYEES ON THE LARGEST SHIFT: _____

*****OFFICIAL USE ONLY*****

Parking Required by Code: _____

TIF Calculations: Previous Usage - Traffic Impact Fee Code # _____
\$ _____ per _____ Sq.Ft. = \$ _____ Credit

Propose Usage - Traffic Impact Fee Code # _____
\$ _____ per _____ Sq.Ft. = \$ _____ less
Credit of \$ _____ = \$ _____ TIF Fee

ZONING: _____

LAND USE: _____

CONDITIONS/REMARKS: _____

DATE: _____ ZONING DIVISION: _____