



# Change of Use Permit

Zoning District: _____
Date: _____

**NOTE:** No fees are required at this time. No application shall be considered complete until the following information is attached. The Zoning Officer may waive any of the requirements, and may require additional information as necessary for proper consideration of this request.

3 Three copies of a scaled drawing which shows the shape and dimension of the lot to be used, the shape and dimension of all types of uses proposed, if appropriate, and the location of other structures and rights-of-way on the lot. The drawing must also show the location of existing or proposed parking and screening required for the proposed use as well as required setback lines.

3 Other \_\_\_\_\_

*Please PRINT the following information clearly:*

STREET #	ADDRESS	SUBDIVISION	LOT #
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Proposed Use of the Property: \_\_\_\_\_

Previous Use of the Property: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Tax Map Parcel Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*I hereby certify that the information provided hereon is, to the best of my knowledge, correct and complete. I understand that providing false or incomplete information or violating an approved zoning permit may be grounds for revocation of the permit and any associated building permit.*

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

\_\_\_\_\_  
Date

**\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\***

Based upon the information provided with this application, the work as proposed meets the requirements of the zoning ordinance and other land use regulations in effect in the city's jurisdiction. Applicable setbacks and a general description of use limitations are attached.

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
City Zoning Officer

\_\_\_\_\_  
Date