



## Zoning Qualification Application

Date of Application	Property Address	Parcel ID #	Zoning District
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### Applicant Information

Name	Phone Number	Email Address	
Address (Street No. and Name)	City	State	Zip Code

### Property Owner Information

Name	Phone Number	Email Address	
Address (Street No. and Name)	City	State	Zip Code

### Request Information

Business Name	
Provide a detailed description of the proposed type of use requested	
Primary Use for Location	Secondary Use for Location

### Property History

Last Known Use of Property	When Last Known Use Discontinued
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### Office Use Only

Date Received	Owner Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Rental Property? <input type="checkbox"/> Yes <input type="checkbox"/> No

Type of use as per zoning ordinance:

Is this a change of use from previously approved use: ☐ Yes ☐ No

If a change of use is confirmed, construction drawings are required by a registered design professional.

\_\_\_\_\_ Zoning APPROVED/DENIED Date: \_\_\_\_\_

Signature of Building Official \_\_\_\_\_ Date \_\_\_\_\_