



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 _____