ZONING COMPLIANCE PERMIT APPLICATION (For situations and/or buildings not requiring a building, remodeling or construction permit)

Location of Property:(street address, suite #)	Chile-	. (1.)
(street address, suite #)		(zip code)
Name of Business (if applicable):		
Description of Business (sales, office, salon, resta	nurant, etc., if applicable	e):
Contact Person:	Telephone #:	
E-mail address:		
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For Official Use only – This portion of	f form to be filled out	by the Division of Planning
ZONE: PERMITT	ED USE: (Y) (N)	NEEDS BOA: (Y) (N)
PARKING SPACES REQUIRED:	PARKING SPAC	EES PROVIDED:
PARKING LEASE REQUIRED (Y) (N)	PROVIDED BY APPLICANT (Y) (N)	
NEW RESTAURANT – NEEDS GREASE TRA	AP APPROVAL OR PI	ERMIT: (Y) (N)
EXISTING NON-CONFORMING: (Y) (N)	IF YES, NEED B	OA (Y) (N)
DEVELOPMENT PLAN (Y) (N)		
SUBDIVISION PLAT (Y) (N)		
CONDITIONAL ZONING (Y) (N)		
ADDITIONAL COMMENTS:		
Zoning Verification:		
(Planner Initial	(s)	
Date		