



ZONING CLEARANCE FOR BUSINESS CERTIFICATE

Business Name: _____

Business Address: _____ **Phone #:** _____

Name of Applicant: _____

Applicants Address: _____ **Phone #:** _____

Name of Applicant: _____

Applicants Address: _____ **Phone #:** _____

Name of Applicant: _____

Applicants Address: _____ **Phone #:** _____

Owner of Building: _____ **Phone#:** _____

Owners Address: _____

Type of Business: (Please explain in detail the type of business an how it will be conducted)

Office Use Only

Date Approved: _____ Fee: _____ Permit # _____

Authorizing Signature: _____

Comments: _____

