



TENANT FIT UP

ADDRESS OF PROPERTY _____

TAX MAP _____ BLOCK _____ LOT _____ ZONING DISTRICT _____

NAME OF TENANT'S BUSINESS: _____

PREVIOUS USE OF TENANT SPACE: _____

PROPOSED USE OF TENANT SPACE: _____

LINE NUMBER OF PROPOSED USE AS LISTED IN TABLE OF USES: _____

AREA OF TENANT'S SPACE IN SQUARE FEET: _____ sq. ft.

DESCRIPTION OF PROPOSED CHANGES TO TENANT SPACE: _____

Additional information may be necessary to determine compliance. Any new signs or change in signage will require approval of a certificate of zoning compliance and a building permit.

The undersigned states that the information submitted with this application is correct and acknowledges that any approval based on erroneous or incomplete information shall be null and void.

Tenant's Name _____
PLEASE PRINT

Property Owner _____
PLEASE PRINT

Address _____

Address _____

Phone _____

Phone _____

E-mail _____

E-mail _____

Signature _____

Signature _____

Building Department: _____

Date

____ Building permits must be obtained for the above described changes.

____ Reference permit# _____

____ Building permit not required for the above described changes.**

Zoning Department: _____

Jennifer Acquino, Zoning Enforcement Officer

Date

____ Use covered by previous Site Plan/Special Exception

____ Site Plan/Special Exception approval required.

Please note existing building & fire code violations may exist on the property that must be properly abated when discovered. A site visit by the building and fire code official is recommended prior to opening.