



## APPLICATION FOR ZONING PERMIT TENANT FIT UP

ADDRESS OF PROPERTY \_\_\_\_\_ Unit# \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### A FLOOR PLAN OF THE SPACE MUST BE SUBMITTED WITH THE APPLICATION

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 permits must be obtained for the above described changes.
- \_\_\_\_\_ Building permit already obtained. Reference permit# \_\_\_\_\_
- \_\_\_\_\_ Building permit not required for the above described changes.\*\*

Building Official: \_\_\_\_\_

Date: \_\_\_\_\_

Fire Marshal: \_\_\_\_\_

Date: \_\_\_\_\_

Zoning Department: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*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.\*\*