

Application for Certificate of Use

Date: _____

Business Information

Business Address: _____ Unit/Suite#: _____

Property Tax Folio Number: _____

Business Name or DBA: _____

Mailing Address _____ City _____ State _____ Zip Code _____

Business Owners/Corporation Name: _____

Authorized Officer/Partner/Owner/
Manager Name: _____ Title/Office: _____

Telephone Number: _____ E-mail: _____

Nature of Business

Describe the type of business _____

Office Home Office Retail Warehouse Wholesale Other

Permit Number (if there was renovation, expansion, establishment of use, or new construction) _____

Square Footage of Unit(s): _____

Are you sharing spaces with another business? Yes _____ No _____

Will used merchandise be sold on the property? Yes _____ No _____

Signature of applicant verifies the above information is true and correct. I understand the conditions under which my Certificate of Use (CU) is being approved and accept that no changes or refunds can be made once issued. I am authorized to sign for the business and understand that any misrepresentation of information on this application may result in the revocation of the CU and/or possible enforcement action being initiated against the business and/or its authorized representatives. I further understand that a Certificate of Occupancy (CO) is a prerequisite to obtaining a Certificate of Use.

Print Name

Signature

Department Use Only:

Zoning: _____ Processor: _____

Conditions under which approved: _____

Resolutions: _____

Process Number: U _____