

## Zoning Determination Request

### 1. BUSINESS INFORMATION - EXISTING

Name \_\_\_\_\_ Street Address \_\_\_\_\_

DBA: \_\_\_\_\_ Business Phone \_\_\_\_\_

Description of Business: \_\_\_\_\_

### 2. APPLICANT

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### 3. PROPERTY OWNER

Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### 4. DESCRIPTION OF PROPOSED NEW BUSINESS

\_\_\_\_\_

### 5. SIGNATURE REQUIRED

I hereby depose that all the information provided with this application are true and correct, to the best of my knowledge and belief.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR CITY USE ONLY**

Use allowed?  Yes  No Zoning Section/Classification: \_\_\_\_\_

Business Registration Required?  Yes  No  N/A

Certificate of Occupancy Required?  Yes  No  N/A

Required to submit to St. Clair County Health Department?  Yes  No  N/A

Determination Made by: \_\_\_\_\_ Date of Notification: \_\_\_\_\_