



**Application for New Business Zoning Compliance**

**Applicant Information**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Owner Information**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Permit Requested For:

Location: \_\_\_\_\_

Pin #: \_\_\_\_\_ Lot: \_\_\_\_\_ Parcel: \_\_\_\_\_

Purposed Use:

Current Use:

Within City Limit:      Yes      No      Within ETJ:      Yes      No

## Additional Information

Hours of Operation: \_\_\_\_\_

Existing Structure(s): \_\_\_\_\_

Sign Permit Required:                      Yes                      No

Applicant's Signature: \_\_\_\_\_

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