



ZONING REFERRAL

After completing the first three questions on this form, please submit it along with a copy of the site plan of the premises to the City Planning Department – Logistics Service Center. Return the signed form with your application to the City Clerk’s office.

Business Name: _____

Business Address: _____

Type of License applying for: _____

Zoning for the property is: _____

Is the property zoned for the type of license applied for? Yes _____ No _____

The applicant proposes to: Construct a new building: _____

Expand an existing building: _____

Remodel an existing space: _____

The type of review procedure required: Building Permit only: _____

Site Plan Review: _____

Special Permit: _____

Rezoning: _____

Subdivision: _____

Approval of the following is required: Chief Building Official: _____

Fire Inspector: _____

Health Department: _____

Development Review Committee: _____

Planning Commission: _____

City Council: _____

Comments: _____

City Development/Zoning Division: _____ Date: _____