



BUSINESS CLEARANCE APPLICATION

To be completed for businesses within City limits only

Inspection and Processing Fee

\$576 New Business or Transfer of Location (\$323 Zng+\$114 Bldg+\$139 Fire)

\$323 Transfer of Licensee (No changes to operation of business)

Date _____

Name of Business: _____

Address of Business: _____

Describe Business Activity (items sold, services provided):

Hours of Operation: _____

Proposed Opening Date: _____

Owner of Business: _____ Bus. Phone No: _____

Business Owner Mailing Address: _____

Property Owner: _____ Property Owner Phone No: _____

Property Owner Mailing Address: _____

Please complete the following questions:

1. Will you be altering, adding to, remodeling, modifying or replacing any of the following?

- Y N BUILDING? (Walls, ceilings, stairs, exterior alterations, interior or exterior lighting, etc.)
If yes, specify: _____
- Y N ELECTRICAL (Outlets, electrical service, etc.)
If yes, specify: _____
- Y N PLUMBING (Sinks, drains, water heater, etc.)
If yes, specify: _____
- Y N MECHANICAL (Heater, air conditioning, fans, ducting, etc.)
If yes, specify: _____

2. Is there any potential work that has been started or completed that is yet to be permitted?

Y N If yes, specify: _____

3. Do you plan to install any new signs or change any existing signs on the building or property?

Y N **(Failure to obtain sign permit before installing will result in a citation.)**

4. How many square feet is your commercial space? _____

5. Will you serve/sell food & beverages? Y N Alcohol? Y N

6. How many parking spaces are assigned for your business to use? _____

7. Does your business include any of the following?

- Y N WOODWORKING
- Y N AUTOBODY SHOP WORK
- Y N WELDING

8. Do you have fire protection equipment for your building?

Y N If yes, check appropriate boxes: Sprinkler System Hood System
 Fire Extinguishers Alarm Systems Others _____

9. Do you use or have any of the following materials as part of your business?

- Y N If yes, check appropriate boxes: Flammables Corrosives Pesticides
- Herbicides Fertilizers Compressed Gas Cylinders Radioactive Material Explosive

10. Will there be over 50 people occupying your business? Y N (If yes, additional requirements and fees may be applicable. Contact the Fire Department for any questions.)

Applicants Signature: _____



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For Internal Use

PLANNING DEPARTMENT

This certifies that the requested use is / is not a permitted use on the _____ zoning district, which applies to property at _____, and staff investigation of the applicable planning and zoning records supports this determination. This certification is limited to the use only and does not in any way grant or otherwise imply approval of a site development plan; nor does it certify conformance with applicable site development standards inclusive of off-street parking, landscaping, lot coverage, or signs.

Date: _____ By: _____

FIRE DEPARTMENT

Occupancy Group: _____ Construction Type: _____

Active Permits: Y N Outstanding Violations: Y N

Recent Permits: Y N Outstanding Corrections: Y N

Date: _____ By: _____ Title: _____

Business Type: _____

APPROVED DISAPPROVED APPROVED WITH CHANGES

Notes: _____

Date: _____ Signed: _____ Title: _____