Zoning Compliance Form

PROPERTY AND BUSINESS INFORMATION

Business Address:	**Parcel ID:**
Business Name:	
Contact Name:	
Phone:	**Email:**

Check all appliable boxes:

- ☐ New Business
- ☐ Home Occupation
- ☐ Outdoor storage, commercial
- ☐ Auto Use
- ☐ Change of Address
- ☐ Change of Ownership
- ☐ Business vehicle/equipment
- ☐ Will Serve Alcohol at this location

Square Footage of Space:

Business Hours:

Proposed Use (please provide as much detail as possible):

APPLICANT'S CERTIFICATION FOR BUSINESS LOCATION APPROVAL

It is the responsibility of every business owner or operator to make certain that the type or nature of business activity being conducted at any location in the City of Clarkston is permitted by and conforms to the Zoning Ordinance and Building Regulations of the City before signing a lease or purchasing a property.

I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. Further, I understand that any Planning and Zoning approval issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinances.

Submit this form and the required floor plan of the commercial space to the Planning & Economic Development Department prior to submitting a New Business License Application. Please note that a change in use will require a parking plan along with the floor plan. You may submit your documents in person at City Hall (736 Park North Blvd, Ste 120) or via email to fetienne@cityofclarkston.com.

Printed Name: _____

Signature: _____ **Date:** _____

Office Use Only – Please Leave Blank

Parcel ID: _____ Current Zoning: _____

Approved: _____ Denied: _____

Comments: _____

Zoning Certified By: _____ Date: _____

Office Use Only – Please Leave Blank

Code Compliance Inspection Date: _____

Approved: _____ Denied: _____

Comments: _____

Code Compliance Officer: _____