COMMERCIAL INSPECTION REQUEST

FEE: $150.00 Inspection Fee (includes inspection and one (1) re-inspection)
FEE: $100.00 Occupancy Fee

Name of Proposed Business: _____

Type of Business: _____

Business Address: _____

Business Phone Number: _____

SPECIFIC USE OF PREMISES (note below if retail sales, shoe sales, manufacturing, warehouse storage, type of service performed, and/or type of merchandise)

_____

_____

_____

Owner of Business: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone # _____ Date of Birth: _____ DL#: _____

Property Owner: _____ Phone # _____
Home Address: _____ City: _____ State: _____ Zip: _____

Date:_____ Signature of Applicant_____

Official use only

INSP. DATE: _____ TIME: _____ ZONING DISTRICT_____ NAICS CODE_____

INSP. FEE DATE PAID: _____ APPLICATION APPROVED BY (CODE OFFICIAL): _____

PERMITTED USE: _____ C.U.P (conditional use permit):_____ DATE PERMIT REVIEWED/APPROVED: _____

PERMIT #:_____

INSPECTIONS ARE INVALID AFTER 120 DAYS FROM THE DATE OF INSPECTION