



Occupational Tax Certificate Zoning Verification

Instructions: Please fill out the form completely.

Date _____ Parcel ID #: _____

Name of Business Owner: _____

Business Owner Address: _____

Phone Number: _____ Email: _____

Name of the Business: _____

Property Owner Name: _____

Property Owner Address: _____

Phone Number: _____ Email: _____

Business Description (Please list detail of day-to-day functions of your business): _____

| | |
|---|---------------------------|
| FOR OFFICE USE ONLY | |
| Permit #: _____ | Date Permit Issued: _____ |
| Zoning District: _____ | Processed By: _____ |
| Is property zoned for the requested use? Y/ N | |
| Comments: _____ | |
| _____ | |
| _____ | |