

Lake City Certification of Zoning and Ordinance Compliance

Name of business: _____

Business Address (include Suite/Unit #, if applicable): _____

Business Owner/Operator: _____

Mailing Address (Other Than Business Address): _____

Phone: _____

Property Owner: _____

Description/Type of business: _____

Square Footage of business location: _____ Width _____ Length _____ Total _____
(This needs to be the actual number not an estimate or rounded number. This number is used to determine the fire safety occupancy load for the businesses Certificate of Occupancy.)

I _____ am requesting a Certification of Zoning/Ordinance Compliance for the above listed and described business. I understand that any false or knowingly incorrect information on this document could result in the denial of this request and that I cannot proceed with any further actions concerning this business until I receive notice of approval. I agree to comply with all parking requirements, special conditions and any other requirements listed on page 2, if any. I further understand that my business and the property must maintain compliance with the laws/regulations/ordinances of the United States, the State of Georgia, Clayton County and the City of Lake City as it applies to my business and the property my business is operating on. Failure to comply could result in the permanent revocation or temporary suspension of my ability to operate my business in the City of Lake City.

I further understand if there are any requirements listed on page 2 of this form, I must complete them before I can open my business (if applicable) and/or occupy the space I plan on using.

Signature

Date

FOR OFFICE USE ONLY

Zoning: _____ Allowed Occupancy Load: _____

FOR ZONING COMPLIANCE REVIEW ONLY

Approved _____ Denied _____ Date _____

Parking Requirements: _____ Handicapped (Building) _____ Customer (Business)

_____ Other _____

Reason Denied, Special Conditions and/or other Requirements _____

REQUIRMENTS:

Plans Required í í í í í í í í í í í .Yes _____ No _____ If Yes, Date Approved _____

Code Enforcement Inspection Required í ..Yes _____ No _____ If Yes, Date Approved _____

Building Dept. Inspection Required í í í Yes _____ No _____ If Yes, Date Approved _____

Fire Marshal Inspection Required í í í ...Yes _____ No _____ If Yes, Date Approved _____

Water Authority Approval Required í í .. Yes _____ No _____ If Yes, Date Approved _____

Certificate of Occupancy Required í í í .Yes _____ No _____ If Yes, Date Issued _____

Business License Required í í í í í í ..Yes _____ No _____ If Yes, Date Issued _____

If a Certificate of Occupancy or Business License was required but not issued, indicate reason:

Print

Sign