

## 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 business's 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: \_\_\_\_\_ Maximum Allowed Occupancy Load: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

The approval above is only for zoning and ordinance compliance. **All** applicants must complete **all** the requirements below before they are authorized to occupy the structure and/or open their business.

**All parking spaces must be properly marked in accordance with the rules and regulations for the City, State and the Americans with Disabilities Act.**

Parking Requirements: \_\_\_\_\_ Handicapped (Building) \_\_\_\_\_ Customer (Business)

\_\_\_\_\_ Other \_\_\_\_\_

Reason Denied, Special Conditions and/or other Requirements \_\_\_\_\_

REQUIRMENTS:

Construction/Architectural Plans  Yes \_\_\_\_\_  No \_\_\_\_\_ If Yes, Date Approved \_\_\_\_\_  
(If No is checked, it is assuming no work is needed. However, plans may be required for any remodel, repair or renovation work. Check with the City Hall if you need clarification.)

Code Enforcement Inspection  Yes \_\_\_\_\_  No \_\_\_\_\_ If Yes, Date Approved \_\_\_\_\_

Building Dept. Inspection  Yes \_\_\_\_\_  No \_\_\_\_\_ If Yes, Date Approved \_\_\_\_\_

Fire Marshal Inspection  Yes \_\_\_\_\_  No \_\_\_\_\_ If Yes, Date Approved \_\_\_\_\_

Water Authority Approval  Yes \_\_\_\_\_  No \_\_\_\_\_ If Yes, Date Approved \_\_\_\_\_

Health Department Approval  Yes \_\_\_\_\_  No \_\_\_\_\_ If Yes, Date Approved \_\_\_\_\_

Certificate of Occupancy  Yes \_\_\_\_\_  No \_\_\_\_\_ If Yes, Date Issued \_\_\_\_\_

Business License  Yes \_\_\_\_\_  No \_\_\_\_\_ If Yes, Date Issued \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_