

Lake City Certification of Zoning and Ordinance Compliance

(This application expires 6 months from the application date or from the date of the last inspection update)

Purpose: _____ Business License _____ Construction _____ Other _____

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

Revision Date: July 26, 2018

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 (copies of documentation is required before final approval):**

Construction/Architectural Plans í í í í í .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 í í í í í ..Yes _____ No _____ If Yes, Date Approved _____

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

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

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

Health Department Approval**í í í .í í ..Yes _____ No _____ If Yes, Date Approved _____

State Certification Required**í í í í í í .Yes _____ No _____ If Yes, Date Verified _____

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

Business License í í í í 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