

Office use only	
Zone: _____	<input type="checkbox"/> Sign Permit <input type="checkbox"/> Conditional Use Permit
	<input type="checkbox"/> Allowed Use <input type="checkbox"/> Adequate Off-street Parking

Permit Fee \$10.00 Receipt: _____ Date: _____

1. Name of Business: _____

2. Business Address: _____

3. Business Phone: _____

4. Mailing Address: _____

5. Owner: _____

6. Owner Address: _____

7. Emergency Contact Name: _____ Phone: _____

8. Proposed use in detail:

9. Off-street Parking Provisions:

10. Total Square Feet - Building: _____ Lot: _____

11. Hazardous Materials Onsite:

Certificate of Approval

City Zoning Administrator or Designee

On this date _____, I recommend this application be Approved Disapproved subject to or by reason of the following:

***If approved** Property owner and/or business owner must abide by all City of Glenwood Land Ordinances.*

 Zoning Administrator/Designee Date