Office use only
Zone: □ Sign Permit □ Conditional Use Permit
□ Allowed Use □ Adequate Off-street Parking

Permit Fee _____ $30.00 Commercial
_____$15.00 Home Based

Receipt: _____ Date: _____

1. Name of Business: _____
2. Business Address: _____
3. Business Phone: _____
4. Mailing Address: _____
5. Owner: _____
6. Owner Address: _____
7. Email:_____
8. Emergency Contact Name: _____ Phone: _____
9. Proposed use in detail:

_____

_____

_____

10. Off-street Parking Provisions:

_____

_____

_____

11. Total Square Feet - Building: _____ Lot: _____
12. 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