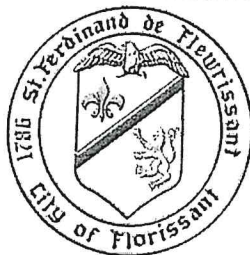


ZONING AUTHORIZATION APPLICATION



CITY OF FLORISSANT- BUILDING DIVISION

"Preserve and improve the health, safety, and welfare of our residents, businesses and the general public in the City of Florissant; while at the same time maintaining property values and improving the quality of life in the City of Florissant."

I, as the owner or authorized agent for the property described below, do hereby certify that I have the authority to make this application for zoning authorization for the activity described below and as shown on any attached plans, documents or descriptions, that the information provided is correct and that any use or construction will conform to the regulations of the Florissant Zoning Code, Chapter 405, as applicable:

<https://www.ecode360.com/28082280?highlight=405&searchId=13635529016766742#28082280>

New Tenant/Occupant Existing Tenant/Occupant

Property Address: _____ Zoning District: _____

Applicant's Name: _____ Applicant's Email: _____

Applicant's Address: _____ Phone #: _____

Property Owner's Name: _____ Owner's Email: _____

Property Owner's Address: _____ Phone #: _____

Property Use(s): _____

Detailed description of Use(s) proposed, or "No Change": _____

(Provide attachments to adequately describe the proposed Property Use(s), refer to Land Use terms in the City Code, Chapter 405.)

This application authorizes the Building Commissioner or designee to perform reasonable site inspections as required to determine compliance with the conditions applicable to this application. Further, I understand that any deviation from the application as requested shall require the express written approval of the Zoning Administrator.

Applicant Signature _____ Applicant Printed Name _____ Date _____

OFFICE USE ONLY BELOW

Zoning Approved Not Approved Authorization Conditions: _____

Signature of Building Commissioner or Designee: _____ Date: _____