Received by:_____Date:_____

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=1363552901676674 2#28082280

☑ New Tenant/Occupant ☐ Existing Tenant/Occupant

Property Address:_____Zoning District: _____

Applicant's Name:_____ Applicant's Email_____

Applicant' 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:_____

Fillable Form Revision 3-23-2020

PRINT CLEAR