

## FAYETTE COUNTY CERTIFICATE OF ZONING COMPLIANCE FOR NONRESIDENTIAL USE

BUSINESS NAME:			
STREET:			
CITY, STATE & ZIP COD	E:		
BUSINESS OWNER:			
PHONE:			
EMAIL:			
SQ FT OF BLDG OR SUITE:			
PROPOSED USE:			

## **BUSINESS OWNER'S COVENANT**

As the applicant for a Certification of Zoning Compliance for the business herein described, I do hereby covenant that the information supplied with this application is true and correct and I do hereby agree to comply with the ordinances of Fayette County. I understand and agree that any error, misstatement. or misrepresentation of fact, either with or without intention on my part or change in the type of business without approval of the Zoning Department subsequent to the issuance of a Certificate of Zoning Compliance for a business shall constitute sufficient grounds for revocation of said Certificate.

Signature of Business Owner	Date		
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DISTRICT & LAND LOT:	_ DISTRICT ZONING:		
PARKING SPACES REQUIRED:	PARKING SPACES PROVIDED:		
SITE PLAN:	_ NAICS:		