



FAYETTE COUNTY CERTIFICATE OF ZONING COMPLIANCE FOR NONRESIDENTIAL USE

BUSINESS NAME: _____

STREET: _____

CITY, STATE & ZIP CODE: _____

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

DO NOT WRITE BELOW THIS LINE OFFICAL USE ONLY

DISTRICT & LAND LOT: _____ DISTRICT ZONING: _____

PARKING SPACES REQUIRED: _____ PARKING SPACES PROVIDED: _____

SITE PLAN: _____ NAICS: _____

Planning & Zoning Approved By

Date