



# OCCUPATIONAL TAX CERTIFICATE ZONING VERIFICATION

*This page must be completed by the Applicant.*

PLEASE FILL OUT ENTIRE FORM. FORM CAN BE EMAILED TO CHAMBLEEDEVDEPT@CHAMBLEEGA.GOV

## APPLICANT

Applicant Name

Mailing Address

Suite/Apt. #

City, State

Zip Code

Primary Phone #

E-mail

## BUSINESS SUMMARY

Address of Business

Name of Business

### IS THIS A HOME-BASED OCCUPATION?

Yes

No

### INTERIOR RENOVATIONS?

Yes

No

### THIS IS A:

Change of Owner     Change of Use

New Business     Adding a Use

Change of Location     Name Change

TOTAL SQUARE FOOTAGE: \_\_\_\_\_

### DETAILED DESCRIPTION OF PROPOSED USE:

\_\_\_\_\_  
\_\_\_\_\_

I, the applicant, understand that I am required to conform to all applicable requirements of the Unified Development Ordinance for the City of Chamblee and all other applicable laws and ordinances that may apply to the above proposed use description. Failure to do so may be grounds to revoke this Occupational Tax License or to deny any future permits that may be issued for this business activity. By signing this application you agree to comply with all code regulations.

Signature of Applicant

Date

### OFFICE USE ONLY

#### ZONING:

STOREFRONT STREET:     YES     NO

PERMITTED USE:     YES     NO

SUPPLEMENTAL USE STANDARDS:     YES     NO

STAFF:

DATE: