



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.

Signature of Applicant

Date

NOTE: BY SIGNING APPLICATION YOU AGREE TO COMPLY WITH ANY SUPPLEMENTAL USE REGULATIONS

OFFICE USE ONLY

ZONING:

STOREFRONT STREET: YES NO

PERMITTED USE: YES NO

SUPPLEMENTAL USE STANDARDS: YES NO

STAFF:

DATE: