



OCCUPATIONAL TAX CERTIFICATE ZONING VERIFICATION

You can now email this form to chambleedevelopment@chambleega.gov for submittal.

APPLICANT

Applicant Name _____

Mailing Address _____

Suite/Apt. # _____

City, State _____

Zip Code _____

Primary Phone # _____

E-mail _____

BUSINESS SUMMARY

Address of Business _____

Name of Business _____

REQUEST (check all that apply):

Change of Owner Adding a Use

Change of Location New Business

Change of Use (requires a building inspection)

HOME-BASED OCCUPATION:

Yes

No

INTERIOR RENOVATIONS:

Yes

No

TOTAL SQUARE FOOTAGE: _____ CURRENT USE: _____

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 _____

OFFICE USE ONLY

ZONING:

STOREFRONT STREET: YES NO

USE: PERMITTED: YES NO REASON IF NO: _____

SUPPLEMENTAL USE STANDARDS: YES NO

STAFF: DATE: _____