

CITY OF FARMINGTON

Planning and Building Department

Commercial Zoning Compliance or Occupancy Application

(Application Fee \$50.00)

		Sidwell #
Property Address:		Suite/ Unit
Property Owners Name:		Phone # ()
Property Owners Email:	@	Property Owners Cell # ()
Proposed Tenant Business Nam	e	
Proprietor Name:		Phone #_()
Proprietor Email:	@	Proprietor Cell # _()
Square footage of building / space being occupie	d	
Number of Parking spaces Provided	_	
Is a Loading - Delivery Zone Provided? YES	NO	
If Yes, Where		
If No, How will deliveries be accomplished		
Is a Trash Dumpster on the Property? YES 1	NO	
If Yes, Where	Is There	a Dumpster Enclosure YES NO
How many refuge pick-ups are expected per wee	k	per month
Description of Business Activities: (including types	of products or	services provided or sold)
Proposed Hours of Operation		Number of Days open
		Number of Shifts per 24 hour period
Number of Employees per Shift	lease / contrac	Number of Shifts per 24 hour period t with the property owner
Number of Employees per Shift	lease / contrac	Number of Shifts per 24 hour period et with the property ownerDate
Number of Employees per Shift I have attached a true executed copy of the Signature of applicant	lease / contrac	Number of Shifts per 24 hour period et with the property ownerDate

Minimum Requirement: A scaled plan from a licensed design professional (PA299 of 1980) describing how the tenant space will be utilized, (desks, gondolas, clothing racks, displays, location of rest rooms and location of exits etc.) will be required prior to occupancy inspection.

(In certain case's full architectural plans may be required for occupancy)

A preliminary sketch can be provided for Zoning approval only.

