A Zoning Compliance Approval Form must be completed for the following: Zoning approval for non-residential uses, Building Inspections Department approval (Change of Use or Occupancy Permit, if needed), and Business License Tax. Please be aware that Day Care Centers, Assisted Living Facilities, Group Homes and Businesses moving into new location may require additional permits and/or approvals, please contact the Building Inspections Department at (352) 334-5050.

Please read and initial the following statements:

_____ I understand that I must Comply with the Current Florida Building Code through the Building Inspections Department (352) 334-5050, the Current Florida Fire Prevention Code through the Gainesville Fire Rescue Risk Reduction Bureau (352) 334-5065, and obtain any necessary permits for Construction and Remodeling.

_____ I understand that I must obtain a Local Business Tax Receipt (Business License) through the Finance Department (352) 334-5024.

_____ I understand that falsifying any information may result in my Zoning Compliance Approval being revoked.

After completing this page, forward the document to the Planning Department (drop off, mail, fax, or e-mail) for processing. After the Zoning Compliance Approval Form is processed, it will be returned to the Applicant as requested at the bottom of this page of the application.

Part 1 – To be completed by Applicant

[ ] New Application [ ] Renewing Application for Business License

Name of Business: ________________________________________________________________

Address of Business: ________________________________________________________________________________________________

City: ___________________________________ State: ___________________ Zip Code: ___________________

Business Phone #: (_______) ____-___________ Fax: (_______) ____-________________________

Proposed Use of Premises: ________________________________________________________________

Applicants Name: ________________________________________________________________________________________________

Mailing Address: ________________________________________________________________________________________________

City________________________ State__________________________ Zip Code_____________________

Business Phone #: (_______) ____-___________ E-Mail Address: ______________________________

Signature of Applicant: ____________________________________________ Date: ______/_____/_______

Return to Applicant by: [ ] Pick up at Thomas Center [ ] Regular Mail [ ] Fax [ ] E-mail

This form is available in the Online Forms page on our website: http://planning.cityofgainesville.org