



## Zoning Compliance Approval Form

For Office Use Only		
ZCP #: _____	Date: ____/____/____	
<input type="checkbox"/> ZCP Approved	<input type="checkbox"/> ZCP Approved with Conditions	<input type="checkbox"/> ZCP Denied

Received Stamp
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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