

Classification: _____

Existing Zoning: _____ Required Zoning: _____

PARKING REQUIREMENTS

Complies with parking requirements of zoning code? Yes No

Number of parking spaces required: _____ Number of parking spaces provided _____

CONCURRENCY

Complies with concurrency? Yes No

Restrictions: _____

Prior Use: _____ Proposed Use: _____

FINAL INSPECTIONS

TRADE	APPROVED (✓)	DATE	SIGNATURE
ZONING			
ELECTRICAL			
MECHANICAL			
PLUMBING			
FIRE			
BUILDING			
DERM			

CERTIFICATE APPROVAL / REJECTION

Application reviewed by: _____
Building Official

Date: _____

_____ Planning Department

Date: _____

CERTIFICATE APPROVED? YES NO

FEE: \$ _____

CERTIFICATE NUMBER: _____

If not approved, please detail the reason for rejection and what corrective action, if any, may be taken:

