

Permit Number: _____

No use, improvement, alteration and/or development of property permitted by the Zoning Ordinance, including accessory and temporary uses, may be established in a new or existing non-residential building, or a suite in a new or existing non-residential building, until a Zoning Compliance Certificate has been issued by the Planning & Economic Development Department. It is unlawful for a vacated, non-residential building to be occupied or used prior to the approval of a Zoning Compliance Certificate. Businesses requiring a Special Exception or Variance permit from the Zoning Board of Adjustment and Appeals, shall not receive a Zoning Compliance Certificate until a Special Exception or Variance has been approved by the Zoning Board of Adjustment and Appeals and all contingencies placed on it have been met. Additionally, the approval of all new business licenses is subject to code compliance inspections by the Chief Building Official and Fire Marshal. Submittal of this application is acknowledgement of the regulations of the city, restated above, and until this application is approved with required signatures on the reverse side, it is pending and not approved.

Name of Property Owner/Authorized Agent (Please print)

Signature of Property Owner/Authorized Agent

Date

Please Print Clearly		For Planning Department Use Only:
Name of Business and Business Address:	_____ _____ City State Zip	Zoning District: _____ Proposed Use: [] Permitted [] Prohibited [] Conditional Zoning Code Section: _____ Variance case # _____ [] Rejected [] Approved Special Exception case # _____ [] Rejected [] Approved ZBA Meeting Date: _____
Applicant's Name and Mailing Address:	_____ _____ City State Zip	
Applicant's E-mail:	_____	
Applicant's Phone #:	_____	

Proposed Business Use: _____ Former Use of Building or Suite: _____

- Will the business generate, use, store, or dispose of hazardous or toxic substances? Yes _____ No _____
- Will the business sell beer, wine or any other alcoholic beverage, or serve beer, wine or any other alcoholic beverage in association with other services offered? Yes _____ No _____
- Have you made or do you intend to make, alterations and/or additions to the interior or exterior of the building or suite to accommodate the business? Yes _____ No _____ Building Permit # _____
- Have you modified or do you intend to modify, the property on which the building is located in order to accommodate the proposed business? Yes _____ No _____
- Is there an approved site plan for this location on file with the City of Madison? Yes _____ No _____
- Have you installed or do you intend to install, an accessory ground sign on the site or an attached accessory (wall) sign to the exterior of the building and/or suite? Yes _____ No _____ Sign Permit # _____

If you answered yes to questions 1-6 above, please explain: _____

Applicant certifies that the information on this application is true and correct and that any false or misleading information will render this Non-Residential Zoning Compliance Certificate void. Without official signatures on the reverse, this Non-Residential Zoning Compliance Certificate is not valid and occupation of the building/suite for the proposed use is unlawful and subject to penalty.

Signature of Applicant

Date Submitted

Permit Number: _____

Building Department Review:

Date Received: _____ Received By: _____

Date Inspected: _____ Inspected By: _____

Action Required by Applicant: _____

Follow Up:

Date Inspected _____ Inspected By: _____

Date Inspected: _____ Inspected By: _____

Fire Department Review:

Date Received: _____ Received By: _____

Date Inspected: _____ Inspected By: _____

Action Required by Applicant: _____

Follow Up:

Date Inspected _____ Inspected By: _____

Date Inspected: _____ Inspected By: _____

Non-Residential Zoning Compliance Certificate invalid without official signatures below:

Approved/Denied: _____

Planning Official

Date: _____

Approved/Denied: _____

Revenue Official

Date: _____

Approved/Denied: _____

Building Official

Date: _____

Approved/Denied: _____

Fire Marshal

Date: _____