



**Planning & Development Department
Use Verification Form**

The following items and quantities thereof are required for submittal with applications for Building Permit, Certificates of Occupancy and Change of Use permits. All such information shall be complete in order for the above mentioned permit applications to be accepted for processing.

- Provide a letter document that explains in detail the type of use(s), hours of operation of the business, days of operation of the business, and the number of employees.
- Check All That Apply:
 - ☐ **There will be alcohol sales**
 - ☐ **There will be sales of tobacco, smoking, e-cigarettes or related products (> 50% of business)**
 - ☐ **There will be outside sales and/or storage**
 - ☐ **There will be gambling devices and/or any type of games of chance**
This is a Sexually Oriented Business - If yes, describe Sexually Oriented Business
Proposed Use: _____
**Sexually Oriented Businesses include but are not limited to Adult Arcades, Adult Bookstores, Adult Video stores, Adult Cabarets, Adult Motels, Adult Motion Picture Theaters, Escort Agencies, Adult Modeling Studios, and Sexual Encounter Centers.*
 - ☐ **There will be auto-related uses including auto sales, auto repair, sales and/or installation of parts or accessories, carwashes, and/or auto detailing.**
 - ☐ **There will be riveting**
 - ☐ **There will be a landfill, recycling center, household hazardous waste or waste tire facility.** **Facilities handling, processing, and loading of municipal solid waste and recyclable material for transportation at transfer stations; storage, processing, bailing or reclamation of paper, glass, wood, metals, plastics, rags, junk, concrete, asphalt, and other materials, at material recovery facilities and recycling centers; disposal, dumping, or reducing of offal or dead animals; composting for yard and wood wastes, municipal solid waste, and/or sludge at composting facilities; collection and storage of Scrap tires, at waste tire facilities, are subject to providing detail as to Storage/Warehouse and/or Manufacturing Use(s) below:*
 - ☐ **There will be a Storage/Warehouse use** - If yes, describe that items will be stored:

 - ☐ **There will be Manufacturing** - If yes, list the items being manufactured and horsepower of machinery being used:

If stamping, dyeing, sheering and/or punching metal, provide the thickness of metal:

Applicant Name (Print): _____ **Date:** _____

Applicant Signature: _____ **Company Represented:** _____