



**Development Services  
Use Verification Form**

The information requested below, and quantities thereof, are required for submittal with applications for New Commercial Building Permits, Certificates of Occupancy, and Change of Use permits. All such information must be completed before the above-mentioned permit application can be accepted for processing.

**CHECK ALL THAT APPLY**

**There will be alcohol sales.**

**There will be sales of tobacco, smoking, e-cigarettes or other related products.**

*\*a store that derives 90% or more of its gross annual sales from the sale of tobacco, cigarettes, smoking, and electronic smoking devices, or related products & accessories, and does not sell alcoholic beverages for onsite consumption. Retail smoke shops shall be prohibited within 300 feet of schools, universities and hospitals.*

**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

*\*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, car washes, and/or auto detailing.**

**There will be riveting.**

**There will be a landfill, recycling center, household hazardous waste facility, or waste tire facility.**

*\*Facilities handling, processing, and/or 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 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 all subject to providing details as to Storage/Warehouse and/or Manufacturing Use(s) below:*

**There will be a Storage/Warehouse Use** - If yes, provide a detailed list of items or chemicals that will be stored. Additional information can be provided in the Use Verification Business Letter (*attached below*):

**There will be Manufacturing** - If yes, provide information on the manufacturing process, and list the items being manufactured, as well as, the horsepower of the machinery below. Additional information can be provided in the Use Verification Business Letter (*attached below*):

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

\*\*\*\*\*

**Applicant Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Company Represented:** \_\_\_\_\_



**Development Services  
Use Verification Letter**

**The information requested below, and quantities thereof, are required for submittal with applications for New Commercial Building Permits, Certificates of Occupancy, and Change of Use permits. All such information must be completed before the above-mentioned permit application can be accepted for processing.**

**Business Name:** \_\_\_\_\_

**Type of Use(s):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Manufacturing/ Storage or Warehousing Information:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Hours of Operation (For Game Room Applicants Only):** \_\_\_\_\_ **to** \_\_\_\_\_

**Applicant Name (Print):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_