



**CITY OF CLIVE**  
 1900 NW 114<sup>th</sup> Street  
 Clive, IA 50325-7077  
 Phone (515) 223-6221  
 www.cityofclive.com

**APPLICATION FOR  
 ZONING COMPLIANCE CERTIFICATION**

|  |  |  |                  |
|--|--|--|------------------|
| <b>APPLICANT INFORMATION</b>   |  | DATE SUBMITTED   |                  |
| APPLICANT NAME   |  | <b>BUSINESS INFORMATION</b>  |                  |
| APPLICANT ADDRESS  |  | ADDRESS & SUITE #  |                  |
| CITY, STATE, ZIP   |  | NAME OF BUSINESS   |                  |
| PHONE  |  | FORMER TENANT NAME (if applicable)   |                  |
| E-MAIL ADDRESS   |  | PLEASE PROVIDE DETAILED DESCRIPTION OF PROPOSED OCCUPANCY AND TYPE OF BUSINESS   |                  |
| LOCAL MANAGER/CONTACT PERSON (if applicable)   |  | BUILDING FRONTAGE  | TOTAL FLOOR AREA |
| CONTACT PHONE / E-MAIL ADDRESS   |  | # EXITS  | # BATHROOMS      |
| <b>BUILDING OWNER INFORMATION</b>  |  | STORAGE OF COMBUSTIBLE MATERIALS?  |                  |
| NAME   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                  |
| ADDRESS  |  | IF YES, DESCRIBE   |                  |
| CITY, STATE, ZIP   |  | ARE FOOD SALES EXPECTED?   |                  |
| PHONE  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                  |
| E-MAIL ADDRESS   |  | IF YES, IS THERE AN EXISTING GREASE TRAP?  |                  |
| PROPERTY MANAGER   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                  |
| PHONE / E-MAIL ADDRESS   |  | (If yes to food sales, but no to existing grease trap, please contact the Community Development Department to determine if a grease trap must be installed; if so, a permit will be required.) |                  |
| ARE CHANGES TO THE BUILDING/SPACE PLANNED?   |  | <b>Community Development Department<br/>to complete the following:</b>   |                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If yes, please note that a building permit may be required)   |  | SUBDIVISION  | LOT #            |
| ARE CHANGES TO SIGNAGE PLANNED?  |  | ZONING   |                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If yes, please note that a sign permit will be required and will NOT be issued until a building permit, if required, has been processed)  |  | CHANGE OF USE?   |                  |
| <p><i>I hereby acknowledge that I have read this application and state the above is correct and agree to comply with all city ordinances and state laws regulating zoning and occupancy. I also understand that if any modifications are planned, an application for building permit may be required.</i></p> <p>_____</p> <p>Print Applicant's Name</p> <p>_____</p> <p>Applicant's Signature      Date</p> |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>(If yes, contact the Community Development Department for building requirements)   |                  |
|  |  | <input type="checkbox"/> Approved <input type="checkbox"/> Approved with conditions (see below)<br><input type="checkbox"/> Denied (see below)   |                  |
|  |  | <p>_____</p> <p>Planner or Authorized Representative      Date</p>   |                  |