



**CITY OF CLIVE**  
 1900 NW 114<sup>th</sup> Street  
 Clive, IA 50325-7077  
 Phone (515)223-6221  
 Fax (515) 457-3091  
 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		PLEASE PROVIDE DETAILED DESCRIPTION OF PROPOSED OCCUPANCY AND TYPE OF BUSINESS	
FAX			
E-MAIL ADDRESS		BUILDING FRONTAGE	
LOCAL MANAGER/CONTACT PERSON		TOTAL FLOOR AREA	
<b>BUILDING OWNER INFORMATION</b>		# EXITS	
NAME		# BATHROOMS	
ADDRESS		STORAGE OF COMBUSTIBLE MATERIALS?	
CITY, STATE, ZIP		IF YES, DESCRIBE	
PHONE		ARE FOOD SALES EXPECTED?	
FAX		IF YES, IS THERE AN EXISTING GREASE TRAP?	
PROPERTY MANAGER		<b>Community Development Department to complete the following:</b>	
PHONE / E-MAIL ADDRESS		SUBDIVISION	
ARE CHANGES TO THE BUILDING/SPACE PLANNED?		ZONING	
(If yes, please note that a building permit may be required)		USE RESTRICTIONS	
ARE CHANGES TO SIGNAGE PLANNED?		CHANGE OF USE?	
(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)		(If yes, refer to Construction Services Administrator for building requirements)	
<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</p>		<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Approved with conditions (see below)</b> <input type="checkbox"/> <b>Denied (see below)</b>	
		<p>_____</p> <p>Planner or Authorized Representative</p>	
<p>_____</p> <p>Date</p>		<p>_____</p> <p>Date</p>	