



TENANT FIT UP

ADDRESS OF PROPERTY _____ Unit# _____

TAX MAP _____ BLOCK _____ LOT _____ ZONING DISTRICT _____

NAME OF TENANT'S BUSINESS: _____

PREVIOUS USE OF TENANT SPACE: _____

PROPOSED USE OF TENANT SPACE: _____

LINE NUMBER OF PROPOSED USE AS LISTED IN TABLE OF USES: _____

AREA OF TENANT'S SPACE IN SQUARE FEET: _____ sq. ft.

DESCRIPTION OF PROPOSED CHANGES TO TENANT SPACE: _____

A FLOOR PLAN OF THE SPACE MUST BE SUBMITTED WITH THE APPLICATION

Additional information may be necessary to determine compliance. Any new signs or change in signage will require approval of a certificate of zoning compliance and a building permit.

The undersigned states that the information submitted with this application is correct and acknowledges that any approval based on erroneous or incomplete information shall be null and void.

Tenant's Name _____
PLEASE PRINT

Property Owner _____
PLEASE PRINT

Address _____

Address _____

Phone _____

Phone _____

E-mail _____

E-mail _____

Signature _____

Signature _____

- ____ Building permits must be obtained for the above described changes.
- ____ Building permit already obtained. Reference permit# _____
- ____ Building permit not required for the above described changes.**

Building Official: _____ Date: _____

Fire Marshal: _____ Date: _____

Zoning Department: _____ Date: _____

Please note existing building & fire code violations may exist on the property that must be properly abated when discovered. A site visit by the building and fire code official is recommended prior to opening.