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|---------------------|
| Case number: _____ |
| Date filed: _____ |
| Project name: _____ |

Zoning Verification Application

Prior to opening a new business or to comply with requests for information, it is necessary to verify the proposed or current use of land is compatible with Zoning Ordinance standards, which vary across different areas of the City. Submit this Zoning Verification Application to the Planning Department team at the City of Inkster City Hall. E-mail: planning@cityofinkster.org.

| Applicant Information | |
|-----------------------|--------|
| Name | |
| Phone | E-mail |

| Property Information | |
|--|-----------------------------------|
| Address | Parcel ID # |
| Current/Former use (what business occupied the building previously?) | |
| Proposed use (what type of business activity are you engaging in?) | |
| Number of employees (on largest shift) | Hours and days of operation |
| Total occupancy at one time | Number of parking spaces provided |
| Description of any proposed renovations or improvements | |
| Is there a dumpster enclosure on the property? <u>See ordinance Section 155.075.</u> | |
| Is there a masonry wall between commercial and residential property? <u>See ordinance Section 155.074.</u> | |
| Is there screening between parking lots, alleys, and public right-of-ways? <u>See ordinance Section 155.080.</u> | |

| Signature | |
|--|-------|
| I hereby attest that the above information is accurate and complete. I am authorized to and grant permission to the City of Inkster to access the subject property for the purposes of preparing staff reports and/or evaluating this application. I understand that all building, electrical, plumbing and fire codes must be met prior to occupancy. I agree to comply with all provisions of the City Code and State Law. | |
| Applicant Signature: | Date: |
| Print Name: | |

FOR OFFICE USE ONLY

| Building / Planning Department | | |
|--|-----------------------------------|---------------------------------------|
| Zoning District: | <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved |
| Comments | | |
| Additional requirements (e.g. Site Plan Review, Special Land Use Review, Variance) | | |
| Staff name | | |
| Review date | | |