

**NEW BUSINESS ZONING VERIFICATION FORM**

License # \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Address: \_\_\_\_\_

Type of License: \_\_\_\_\_

***Please Note: Use of license on site is dependant upon verification of guidelines of the Putnam County Land Development Code, as amended.***

<u>OFFICE USE ONLY</u>	
___ See Attached	___ Approved
Zoning _____	
Action Needed _____	
_____	
_____	
	_____ Zoning Technician

<u>OFFICE USE ONLY</u>	
___ See Attached	___ Approved
Building Dept. _____	
Action Needed _____	
_____	
_____	
	_____ Building Official

<u>OFFICE USE ONLY</u>	
___ See Attached	___ Approved
Fire Marshal _____	
Action Needed _____	
_____	
_____	
	_____ Fire Marshal