



Mike Moore, Mayor

CITY OF JEFFERSONVILLE
DEPARTMENT OF PLANNING & ZONING
500 QUARTERMASTER COURT, SUITE 200
JEFFERSONVILLE, IN 47130
PHONE: (812) 285-6413
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APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

Applicant

Name of Applicant: _____
Applicants Address: _____
Phone: () _____ Cell: () _____
Email: _____

Property

Address of Business: _____
Current building owner: _____

Use

Previous use in building: _____ Date discontinued: ___/___/___
Name of last business in building: _____
Name of proposed business: _____
Type of proposed business: _____
Description of business activities on the property:

Will this business **serve the public** products or services? ___ Yes ___ No

***** Application requires \$50.00 fee. Make checks Payable to the City of Jeffersonville *****

I do hereby certify that the above information is true and correct to the best of my knowledge:

Applicant Name: _____ Position: _____
Applicant Signature: _____ Date: ___/___/___

Office Use Only

Current Zoning: _____

The proposed business meets the qualifications for the zoning of the property:

___ Yes ___ No
___ Special Exception or Variance – Requires Board of Zoning Appeals approval

Use: _____

Initial: _____ Date: _____