

**City of McMinnville**  
Business License Zoning Review Form

# \_\_\_\_\_

Business Name: \_\_\_\_\_

Class: \_\_\_\_\_

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

Date: \_\_\_\_\_

Business Type: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_

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

Property Owner's Phone #: \_\_\_\_\_

Comments: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

ZONE: \_\_\_\_\_

PARCEL#: \_\_\_\_\_

	REQUIRED	COMPLETED
REZONING	<input type="checkbox"/>	<input type="checkbox"/>
HISTORIC	<input type="checkbox"/>	<input type="checkbox"/>
VARIANCE	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL EXCEPTION	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING PERMIT	<input type="checkbox"/>	<input type="checkbox"/>
SIGN PERMIT	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING/FIRE INSPECTION	<input type="checkbox"/>	<input type="checkbox"/>
PREMESIS IDENTIFICATION	<input type="checkbox"/>	<input type="checkbox"/>
KNOX/KEY BOX	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> PENDING

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_