



NON-RESIDENTIAL ZONING APPLICATION

Applicant completes the following Non-Residential Zoning Approval application

Provide two (2) copies of the approved site plan on an 8 1/2" x 11" sheet

Provide two (2) copies of the floor plan layout on an 8 1/2" x 11" sheet

Applicant provides the proposed use narrative on a separate sheet showing the exact nature of the business activity

The application is received and checked for completeness. The applicant will be notified of incomplete applications

Applicant will be notified of permit issuance, submit applicable fees. The zoning approval will be issued after passing a site inspection

***Please note: Zoning approval will not be given without providing this description.**



**VILLAGE OF LISBON ZONING APPLICATION
NON-RESIDENTIAL**

Property Name:	
Address:	
Phone number:	Email:

Property owner:	Name of person on lease/contact name:
Street address:	Lessee/contact address:
Suite #:	Suite #:
City:	City:
State:	State:
Zip Code:	Zip Code:
Phone number:	Phone number:
Fax number:	Fax number:

Corporate contact:	Business Category:
Title:	[] Retail [] Office [] Restaurant [] Warehouse
Street address:	[] Manufacturing [] Religious [] Automotive
Suite #:	[] Other
City:	Proposed Use:
State:	
Zip Code:	
Phone number:	
Fax number:	Gross square footage of space:

Hours of operation:	Days of operation:
Number of employees: Full time:	Part time:

First emergency contact name:
First emergency contact phone number:
Second emergency contact name:
Second emergency contact phone number:
Additional emergency contact name:
Additional emergency contact phone number:
Additional emergency contact name:
Additional emergency contact phone number:

Building owner emergency contact name:
Building owner emergency contact phone number:
Previous tenant of space:

***Zoning approval will not be given without providing this narrative.**



FIRE COMPANY AND PUBLIC UTILITY INFORMATION

ICC construction type:	Number of stories:
Length of building:	Number of floors:
Width of building:	Basement:
Roof material:	Number of elevators:
Use group:	Number of stairways:

Knox Box provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Facilities with cooking appliances
If yes, list location of box:	Automatic hood suppression provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Location of emergency pull:
	Last test date for hood suppression system:

General Notes to Fire Department:

Automatic sprinkler system: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
Fire sprinkler provider:	Automatic Detection System: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None
Number of risers:	<input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Heat Detectors
Type of System <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Comb	<input type="checkbox"/> Pull Stations <input type="checkbox"/> Duct Detectors
Fire Department connection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Fire Department connection:	Fire alarm panel location:
<input type="checkbox"/> 4" Storz <input type="checkbox"/> 5" Storz <input type="checkbox"/> Siamese	Remote panel:
Location:	Main panel:
Standpipes & Hose Cabinets: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Alarm provider:
Location:	

Hazardous materials stored/processed: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type:
Building placarded: <input type="checkbox"/> Yes <input type="checkbox"/> No
Explosive materials: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type:
Flammable liquids (ie: gallons above ground):
Flammable liquids (ie: gallons below ground):
Notes regarding Hazardous Materials:

UTILITY INFORMATION

Electric provider:	Panel location:
Gas provider:	Shut off valve location:
Water Shut off valve location:	

Owner / Agent / Lessee Signature	Date
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A list of all Contractor; general and subcontractors, must be listed below

***Note - ALL contractors/trades must be registered with the Village of Lisbon**

Architect:	Contact name & number:
General Contractor:	Contact name & number:
Excavator:	Contact name & number:
Concrete:	Contact name & number:
Masonry:	Contact name & number:
Steel:	Contact name & number:
Carpentry/Interiors:	Contact name & number:
Roofing:	Contact name & number:
Glazing/Windows:	Contact name & number:
Paint:	Contact name & number:
Flooring:	Contact name & number:
Specialty Contractors:	Contact name & number:
HVAC:	Contact name & number:
Plumbing:	Contact name & number:
Sprinkler:	Contact name & number:
Electrician:	Contact name & number:
Other:	Contact name & number:

VILLAGE OF LISBON USE ONLY - DO NOT WRITE IN THIS BOX			
MAP PARCEL #	PERMITTED USE:	PERMIT #	
EMAILED	NOTIFIED	PICKED UP	
ZONING DISTRICT	FEE		RECEIPT #
STATUS			
ZONING OFFICER SIGNATURE			DATE