



Community Development Department

AUTOMOBILE DEALERSHIP ZONING CONFIRMATION

PROPOSED DEALERSHIP NAME: _____

STREET ADDRESS: _____

APPLICANT: _____

TELEPHONE NO: _____



TO BE COMPLETED BY CITY

ZONING DESIGNATION: _____

AUTOMOBILE SALES PERMITTED: YES _____ NO _____

RETAIL _____ WHOLESALE _____

SPECIAL EXCEPTION: YES _____ NO _____

REVIEWED BY: _____

POSTION: _____

DATE: _____

COMMENTS: _____
