



COMMERCIAL USE PERMIT APPLICATION

Business Name: _____

Address of Proposed Location: _____ City _____ State _____ Zip _____

Type of Use(s) Proposed _____

Business Phone (if available): _____ Date of Application: _____

Does your store, manufacture or transport any hazardous materials?

[] Yes

[] No

Signage Plan: (Please check the applicable box)

[] No change in the existing signage will occur

[] A new sign face will be installed in the existing sign cabinet(s) on the property

[] A new sign cabinet / structure will be installed.

(Note: plans for any new sign cabinet and/or sign structure, all sign re-faces, new signs & temporary signs will need to be approved by the Raytown Community Development Department and a sign permit issued prior to installation.)

Business Owner Information

Name of Business Owner: _____

Business Owner Home Address: _____ City _____ State _____ Zip _____

Business Owner Home Phone: _____ Email: _____

Building Owner (If different than business owner)

Building Owner Name: _____

Building Owner Home Address: _____ City _____ State _____ Zip _____

Building Owner Home Phone: _____ Fax: _____

I DECLARE UNDER PENALTY OF LAW THAT TO THE BEST OF MY KNOWLEDGE THAT THE STATEMENTS MADE HEREON ARE CORRECT AND TRUE.

Business Owner Signature _____ Date _____

Copy of Business Owner's Driver License must be submitted.

The building or space may not be used or occupied prior to approval of this application.



CERTIFICATE OF OCCUPANCY

The following signatures certify that the use(s) indicated below is hereby approved at the specified location for use and occupancy. In addition, the building and property have been found to be in compliance with the applicable City of Raytown codes and ordinances at the time that said building and property were inspected as part of the review and approval of this Certificate of Occupancy.

A City of Raytown Business License may also be required. In order to determine if a City of Raytown Business License is required prior to opening for business, please contact the City of Raytown.

CITY USE ONLY

Business Name: _____

Location: _____

Type of Use(s) Approved _____

Zoning District _____ **Occupancy Class** _____

Zoning Clearance _____ **Date** _____

Property Maintenance / Nuisance Division _____ **Date** _____

Building Services _____ **Date** _____

Fire District _____ **Date** _____

Community Development Director _____ **Date** _____