

**CITY OF NORTH LAS VEGAS  
BUSINESS LICENSE  
PLANNING & ZONING COMPLIANCE REVIEW**

This form must be submitted to the Community Services & Development Department for review and completion prior to the applicant submitting the form to the Business License Division.

Applicant/Entity Name: _____	
DBA/Name of Proposed Business: _____	
Address of Proposed Business: _____	
Phone: ( ) _____	Fax: ( ) _____
Assessor's Parcel Number(s): _____	
<b>If different from above:</b>	
Contact Name: _____	
Contact Address: _____	
City: _____	State: _____ Zip: _____
Phone: ( ) _____	Fax: ( ) _____

**APPLICANT:**

1. Please describe the type of business you will be opening at the location listed above (The description must match that provided on business license application):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. What is the square footage of the space your business will occupy? \_\_\_\_\_ square feet
3. How many parking spaces are provided for your business? \_\_\_\_\_ spaces

The information you provided above is accurate and correct. \_\_\_\_\_  
Applicant's Signature

**Approval by the Community Development Department is granted based upon the information provided above and is subject to compliance with the following items:**

<b>(For Office Use Only)</b>	
Zoning: _____	
Use Classification (Title 17) _____	Applicant's Initials _____
<b>PLANNING &amp; ZONING:</b> Check all that apply.	
<input type="checkbox"/> Site Plan Review _____	<input type="checkbox"/> Planned Unit Development _____
<input type="checkbox"/> Special Use Permit _____	<input type="checkbox"/> Mixed Use Development _____
<input type="checkbox"/> Conditional Use Permit _____	<input type="checkbox"/> Approval Pending _____
<input type="checkbox"/> No Review Required	
<b>STATUS:</b>	
<input type="checkbox"/> Permitted	<input type="checkbox"/> May be permitted subject to approval of items listed above
<input type="checkbox"/> Denied	
Reviewed by: _____	Date: _____
_____	
_____	