
Address

If checked by staff, please provide the following:

- Recent photographs of the lot showing the current location of the office, location of the repair shop (if applicable), and condition of the lot itself..

- If applicable, an equipment schedule denoting all heavy equipment or machinery used on the lot.

Signature of Applicant: _____ **Name** _____ **Date** _____

Please check: Agent _____ **or Owner** _____

<p><u>For Staff Use ONLY:</u></p> <p>Zone: _____</p> <p>I have reviewed the completed Auto Dealer Questionnaire, and supporting information if supplied, and have determined, under the applicable zoning definitions, that this Auto Dealer is approved:</p> <p>_____</p> <p>Zoning Administrator/Deputy/ Engineer Name _____ Date _____</p>
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