



1500 Morrow Road, Morrow, GA 30260 / Tel. 770-902-0870 / Email: MTracy@CityofMorrow.com

## TENANT OCCUPANCY PERMIT APPLICATION

Application Date: \_\_\_/\_\_\_/\_\_\_

PERMIT NO. \_\_\_\_\_

THIS APPLICATION IS FOR ALL BUSINESSES THAT ARE NEW, CHANGING LOCATIONS OR CHANGING OWNERSHIP.

**Property & Tenant Information:**

ADDRESS:		SUITE #	BUSINESS NAME:
CONTACT NAME:		E-MAIL:	
PHONE #:	SQUARE FOOTAGE OF SPACE:	SERVICE(S) OFFERED: <input type="checkbox"/> See Attached	
ESTIMATED OPEN DATE:	PROPOSED CHANGE(S) TO SPACE:		
PREVIOUS USE OF SPACE:			

**Owner/Landlord Information:**

NAME:	ADDRESS:
CONTACT PERSON:	E-MAIL:
PHONE #:	ALTERNATE #:

**REASON FOR THIS REQUEST:**

My business is  New  Changing Locations (within the City of Morrow) or  Changing Ownership

If Changing Locations, what was your previous address: \_\_\_\_\_

I CERTIFY THAT I HAVE EXAMINED AND UNDERSTAND ALL INFORMATION ON THIS APPLICATION AND THAT THE ABOVE STATEMENTS AND INFORMATION SUPPLIED BY ME ARE TRUE AND CORRECT. **IN THE EVENT THAT THERE IS A CHANGE IN STATUS ON THIS PROJECT, I UNDERSTAND THAT I WILL BE HELD RESPONSIBLE TO ONLY DO THE WORK STATED ABOVE, UNLESS THE PLANNING & ECONOMIC DEVELOPMENT DEPARTMENT HAS BEEN NOTIFIED IN WRITING, OF ANY CHANGE. I UNDERSTAND THAT THIS PERMIT MAY BE REVOKED FOR FALSE STATEMENTS OR REPRESENTATION AS TO ALL ELEMENTS OF THIS APPLICATION. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING OPENING AND OPERATING A BUSINESS, INCLUDING OBTAINING A BUSINESS LICENSE AND APPLICABLE PERMITS FROM THE CITY OF MORROW, SHALL BE COMPLIED WITH.**

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_

**FOR OFFICE USE ONLY: (Processed and entered into the system)**

ZONING VERIFIED: \_\_\_\_\_ ACCEPTED BY: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

APPLICATION/PERMIT FEE: \$ 155.00 PAYMENT METHOD:  CHECK CHECK # \_\_\_\_\_  CREDIT/DEBIT CARD  MONEY ORDER

APPROVED/DENIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_