

City of Orange Beach Business License Investigation Report

Date _____
Name of Business _____ Business Phone _____
Mailing Address _____ Personal Phone _____
Physical Address of Business _____
Applicant/Owner Name/Address _____

Will applicant/Owner be constructing a building? Yes No *Applicant may not construct a building until a Zoning Certificate has been issued by the Zoning Official. Applicant may not occupy building or operate business until a Certificate of Occupancy has been issued by the Building Official.*

Will any of the following modifications be made to an existing structure or site?

Partitions added/deleted	Yes	No	Doors moved	Yes	No	Any: Electrical	Yes	No
Structural modifications	Yes	No	Change of Egress	Yes	No	Plumbing	Yes	No
Changes to signage	Yes	No	Changes to parking	Yes	No	HVAC	Yes	No

If answering "Yes" to any modification questions, a permit may be required. If said permit has not been issued, upon receipt/review of this form you will be contacted by the City Department responsible for such permit. Note that an applicant beginning work prior to obtaining a required permit may incur penalties.

***Note:** Intentional falsification of any statement contained in this application is a criminal offense as provided in Section 13A-10-109 Code of Alabama.

Signature of Applicant _____

TO BE COMPLETED BY FOLLOWING:

Planning

Permitted Use _____ Zoning Designation _____ Complies with City's Comprehensive Plan Yes No

If "NO" explain _____

Concerns _____

Approved Yes No Signature _____ Date _____

Building Permit Issued N/A Yes No Date _____ C. O. N/A Yes No Date _____

Concerns _____

Approved Yes No Signature _____ Date _____

Sewer Number of Sewer taps required _____

Signature _____ Date _____

Finance Account # _____ Number of taps purchased _____

Signature _____ Date _____

Fire Date Inspected _____

Concerns _____

Approved Yes No Signature _____ Date _____

Police Alarm Permit # _____

Concerns _____

Approved Yes No Signature _____ Date _____

Revenue Regulation by State Entity Yes No (attach a copy of certification.)

License Number _____ Have all departments Approved Yes No I have examined the above review information and determined that the appropriate approvals exist for issuance of said business license.

Revenue Official Signature _____ Date _____