

# Town of Arlington

PO Box 507 ♦ 5854 Airline Road ♦ Arlington TN 38002  
901.867.2620 ♦ Fax 901.867.2638 ♦ www.townofarlington.org



## Property Use Verification for Use and Occupancy

For the purpose of determining if a proposed use is permitted in the applicable Zoning District, please complete the following information:

Address where business will be located: \_\_\_\_\_

Name of business: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Provide a description of the proposed use. Include types of products being sold, services being offered, items distributed, stored, manufactured, etc. (attach additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this is a restaurant, how many seats will be available? \_\_\_\_\_

Will there be a drive-through window? Yes \_\_\_\_\_ No \_\_\_\_\_

I attest the above is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



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### STAFF USE:

Zoning District: \_\_\_\_\_

Use Designation: \_\_\_\_\_

Permitted Use in Zone? Yes \_\_\_\_\_ No \_\_\_\_\_ Conditional Use \_\_\_\_\_

Any Special Requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Staff Reviewer

\_\_\_\_\_  
Date