## CITY OF PANAMA CITY BEACH LOCAL BUSINESS TAX QUESTIONNAIRE

Business Name:	Name(s) of Owner(s):
Business Address:	
Dusiness Autress.	
Phone Number:	Property Parcel Identification:
Email:	Zoning of Property:
What is the proposed business?	What was the previous use at this location?
A Change of Use/Occupancy approval may be required from the Planning Department.	
Has the building been vacant longer than six (6) months?	Has ownership of the property changed?
Do you plan to alter/modify the building or site?	If yes, are you enlarging the building or impervious parking
	area?
Places and bin the artest of the alternations (A Development Or	den men he neminal )
Please explain the extent of the alterations. (A Development Order may be required.)	
Will the business have a sign?	If yes, a Sign Permit is required for all new signs or
win the business have a sign:	
	modifications to existing signs.
Is the property located in the Community Redevelopment	If yes, special guidelines may need to be followed for
Area?	construction, renovations and signage.
Does the site have on-street parking?	On-street parking is defined as parking located on the
	property and does not include the right-of-way.
How many designated parking spaces are provided for this location?	
now many designated parking spaces are provided for uns location:	

## **RESTAURANT ONLY**

Is this an existing restaurant?	If yes, how many seats?
Will there be additional seating added?	If yes, how many additional seats?
Have there been any improvements to the property within the last six (6) months? If so, please explain.	
Planning Review Complete:	Date Approved:
Pre-Business License Inspection Scheduled:	Date Approved:
Fire Department Life Safety Inspection Sched	uled: Date Approved: