

## Lubbock Planning Department PO Box 2000 / 1314 Avenue K Lubbock, TX 79457

## **USE VERIFICATION FORM**

Applicant Information					
Applicant Name:					
Applicant's Address:	City:			_ State:_	
ZIP Code: Telepho	one:	Email:			
Applicant's Signature:		_ Date:			
Business Information					
Address of Business:					
Name of Business:					
Describe, in detail, the proposed use/b	usiness model:				
-					
List the hours and days of operation:					
Has the applicant ever been denied a C	O or had a CO revoked?		Yes		No
Will food and or beverages be served/o	consumed within the facility?		Yes		No
Will food and or beverages be prepared	d on-site?		Yes		No
Will alcoholic beverages be sold within	the facility?		Yes		No
For City Use Only					
Proposed Zoning Use:		Zoning Dis	trict: _		
Is this use allowed? □ Yes □ No	□ Yes, with an SUP, reference	SUP Case Nur	nber: _		
☐ Yes, with a Conditional Use Permit, r	eference ZBA Case Number: _				
Has the use verification form been com	npleted?		Yes		No
Planner:	Date:				

If you have any questions pertaining to the zoning process, please contact the City of Lubbock Planning Department by phone at (806) 775 - 2108 or by e-mail at <a href="mailto:cityplanning@mylubbock.us">cityplanning@mylubbock.us</a>.