

# PRE-APPROVAL FORM

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Suite # \_\_\_\_\_  
Is there an existing business located where you are opening your business? Yes \_\_\_\_\_ No \_\_\_\_\_  
What type of business activities will you provide at this address:  
\_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Zoning Department

City of Foley zoning is ***not*** applicable for this property. PJ \_\_\_\_\_ Outside City Limits \_\_\_\_\_  
Is this property zoned correctly for the type of business activity that is proposed? YES \_\_\_\_\_ NO \_\_\_\_\_  
Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

## Building/Inspections Dept

Change of Use Permit, CO, or other Permit/Inspection required. YES \_\_\_\_\_ NO \_\_\_\_\_  
Permits/Inspection/CO Issued YES \_\_\_\_\_ NO \_\_\_\_\_  
This business ***has met all requirements*** set forth by the City of Foley Inspections/Building Department.  
YES \_\_\_\_\_ NO \_\_\_\_\_  
Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

## Fire Department

This business ***has met all occupancy change requirements*** set forth by the City of Foley Fire Department, but may be subject to a fire and life safety inspection before opening the business. YES \_\_\_\_\_ NO \_\_\_\_\_  
Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

## Revenue Department

Last known business located at address listed above. List Business Name, Type of Business, Expiration of B/L  
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