

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
