

APPLICATION FOR OCCUPANCY

Community Development Department 8930 N. Government Way, Hayden, ID 83835 www.cityofhaydenid.us (208)209-2022

Please complete this form if you plan to change the use or establish a new use in a building which you own, rent, or lease. Neither the use of or the uses upon any land nor the use of or the uses within any structure shall be changed until a permit for such change of use has been issued by the Community Development Department

Owner/Registered Agent Email: Permanent Mailing Address: Contact Person Name: (if other than owner) Building Owner: Change in ownership of building? Building Owner Address: Building Owner Phone: Applicant All information provided herein is true and correct and all provisions of the ordinances of the City of Hayden shall be complied with. I hereby certify that the proposed use is authorized by the owner of record and that I have been authorized by the owner to submit this application as his/her agent.	Date of Application:		
Trade or Business Name: Legal Name of Business: (As registered with the State of Idaho) Number: Fax: Email: Type of Business: (Ex: Retail, Office, etc.) Area of Building to be Occupied: Number of Parking Spaces: Days/Hours of Operation: Anticipated work or alterations to be performed: Owner/Registered Agent Name: Permanent Mailing Address: Contact Person Name: (if other than owner) Building Owner Address: Building Owner Address: Building Owner Phone: Applicant All information provided herein is true and correct and all provisions of the ordinances of the City of Hayden shall be complied with. I hereby certify that the proposed use is authorized by the owner of record and that I have been authorized by the owner to submit this application as his/her agent.	Business Address:	(0, , , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
Legal Name of Business: (As registered with the State of Idaho)			
Number: Fax: Email: Type of Business: Scope of Business: [Ex: Retail. Office, etc.) Area of Building to be Occupied: Approximate Sq. Ft: Number of Parking Spaces: Number of Employees: Days/Hours of Operation: Anticipated work or alterations to be performed: Owner/Registered Agent Name: Phone: Owner/Registered Agent Email: Permanent Mailing Address: Contact Person Name: Phone: (if other than owner) Building Owner Address: Building Owner Address: Building Owner Phone: Applicant All information provided herein is true and correct and all provisions of the ordinances of the City of Hayden shall be complied with. I hereby certify that the proposed use is authorized by the owner of record and that I have been authorized by the owner to submit this application as his/her agent.	Trade or Business Name:		
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	be complied with. I hereby certify that	the proposed use is authorized	
Print Name of Applicant Signature of Applicant	Print Name of Applicant		Signature of Applicant