

Land Use Permit
Commercial
Reoccupation

email: zoning@villageofpinckney.org

Date:	Zoning District:		Permit Number:	
Information Job Site Location:			Гах Code #: 14	
			Phone #:	
Address of Applicant:				
Name of Owner:			Phone #:	
Signature of Owner:				
Business name:				
Type of Business:				
☐ Permitted Use			rad)	
Applicant Signatur	e:		Date:	
	o			
Requirements for	Certificate of Occupancy:			
☐ Submit 3	copies of scaled floor plan with		l fixturas avita ata	
□ Permits r	· ·	dimensions of a	i lixtures, exits, etc.	
□ Separa	nust be obtained by Livingston		·	
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	must be obtained by Livingston		·	
□ Fire De	must be obtained by Livingston te Sign Permit	County Building I	Department	
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