



# BUSINESS LOCATION APPROVAL APPLICATION

- Submit your Business Location Approval Application via email (above), fax (912)651-6543 or in person at 5515 Abercorn St. (31405).
- Contact the Business Approval Coordinator at (912)644-7709 or [businesslocationapprovals@savannahga.gov](mailto:businesslocationapprovals@savannahga.gov) if you need assistance. A building inspection, building permit, site plan, and/or Zoning Board of Appeals application, etc., may be required to complete the process.

## New Business Information

Project Address: \_\_\_\_\_ PIN: \_\_\_\_\_

Name of Business \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Owner/Corp: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Check if applicable:  Change of Ownership  Change of Business Name  Change of Address

## Previous Business Use or Activity

Previous Business Name and/or Business Use at this location: \_\_\_\_\_

## Proposed Business Use or Activity

- |  |  |
|--|--|
| <input type="checkbox"/> Home Occupation - Type: _____ | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Professional Office           | <input type="checkbox"/> Hair/Nail Salon or Barber Shop                      |
| <input type="checkbox"/> Medical Office                | <input type="checkbox"/> Personal Care Home - Type: _____ # of People: _____ |
| <input type="checkbox"/> Restaurant                    | <input type="checkbox"/> Retail - Type: _____                                |
| <input type="checkbox"/> Bar/Nightclub                 | <input type="checkbox"/> Child Care - # of Children _____                    |
| <input type="checkbox"/> Car/Vehicle Repair            | <input type="checkbox"/> Lodging - # of Bedrooms: _____                      |
| <input type="checkbox"/> Car/Vehicle Wash              | <input type="checkbox"/> Short Term Vacation Rental - # of Bedrooms: _____   |

<b>Square Footage:</b> _____ <b># of Employees:</b> _____ <b># Seats (if applicable):</b> _____
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- Please check all applicable statements:**
- |  |   |
|--|---|
| <input type="checkbox"/> Your business is located in a new building.   | <input type="checkbox"/> Your business is located in your home.   |
| <input type="checkbox"/> You are adding new signage or altering existing signage.  | <input type="checkbox"/> You are adding or changing heating, ventilation, air conditioners, or refrigeration. |
| <input type="checkbox"/> You are changing the use of the space or building. (e.g. house to office, office to restaurant, etc.) | <input type="checkbox"/> You are adding or changing plumbing. (e.g. sinks, toilets, showers, bathtubs, etc.)  |
| <input type="checkbox"/> You are making changes to the building. (e.g. add or remove walls, doors, windows, stairs, etc.)      | <input type="checkbox"/> You are adding or changing electrical. (e.g. new lights, switches, outlets, etc.)    |
|  | <input type="checkbox"/> You plan to sell fireworks at your retail business.                                  |

## Applicant's Statement of Compliance

It is the responsibility of every business owner or operator to make certain that the type or nature of business activity being conducted at any location in the City of Savannah is permitted by and conforms to the Zoning Ordinance and Building Regulations of the City before signing a lease/contract and operating the business.

I understand that all construction work will require a permit prior to commencing construction, which includes alterations, modifications, renovations, remodeling, signage, etc. Working without a permit will result in a minimum penalty of \$500.

I hereby certify that I have answered all of the questions contained herein and know the same to be true and correct. Further, I understand that any Development Services approval issued, based upon false information or misrepresentation provided by the applicant, will be null and void and subject to penalty as provided by law and ordinances.

_____ <b>Printed Name – Business Owner</b> <b>(Not Company Name)</b>	_____ <b>Signature of Applicant</b>	_____ <b>Date</b>
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FOR OFFICE USE ONLY	
Zoning District: _____	Use #: _____ Use Name: _____ Parking Required: _____ Parking Provided: _____
Life Safety Code Occupancy Classification: _____	Building: No further review required: _____ Inspection required: _____
<input type="checkbox"/> Site Plan <input type="checkbox"/> Special Use <input type="checkbox"/> Amendment <input type="checkbox"/> Plan #(s): _____	
Notes (Date of inspection, Permit #): _____	
Reviewer/Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> ZBA Required <input type="checkbox"/> Permit Required- CofC <input type="checkbox"/> Permit Required- CO	