

CITY OF LUBBOCK
ZONING CERTIFICATE INVESTIGATIVE INSPECTION FORM

Date: _____

Name of Business: _____

Owner or Manager: _____

Address (include zip): _____

Telephone Number: _____

Type of Business: ___ Restaurant, ___ Nightclub/Bar/Lounge, ___ Dance Hall, ___ Sports Grill,
___ Grocery/Convenience Store, ___ Drug Store, ___ Package Store, ___ Sexually Oriented Business,
___ Hotel/Arena/Civic Center, ___ Other (describe) _____

Church or Hospital located within 300 feet: _____ Yes _____ No

Public/Private School or day care/child care facility located within 300 feet: _____ Yes _____ No

Please return this form with all approval signatures prior to the issuance of a Zoning Certificate.
These signatures are not a substitute for any other required forms.

Code Enforcement Department
1625 13th Street Room 105
775-2998
Comments:

Date Zoning Certificate Approved: _____

Signature: _____

Building Inspection
1625 13th Street, Room 106
775-2087
Comments:

Date Certificate of Occupancy Approved: _____

Signature: _____

Health Department
1625 13th Street, Room 106
775-2116
Comments:

Date Health Permit Approved: _____

Signature: _____

Fire Marshal
1601 Mac Davis Lane
775-2646
Comments:

Date Maximum Occupancy Permit Approved: _____

Signature: _____