

TAX & LICENSE DIVISION
515 W. Main Street ~ PO Box 1310 ~ Bridgeport, WV 26330
Phone • 304-842-8230 Fax • 304-848-6138



CITY OF BRIDGEPORT
BUILDING OCCUPANCY & ZONING INFORMATION

Please complete form and return with Municipal Registration Application.

This form is to be submitted for all new businesses that will maintain a physical location within the City of Bridgeport. It is also required for each existing business that will move or expand to a new location within the City. You will not be permitted to conduct business until the occupancy and zoning information form is approved by the Community Development Director.

BUSINESS NAME: _____

OWNER'S NAME: _____

CONTACT PERSON: _____

BUSINESS LOCATION: _____

MAILING ADDRESS: _____

TELEPHONE: _____ **CELL:** _____

BUSINESS DESCRIPTION: _____

NUMBER OF EMPLOYEES: _____

SQUARE FOOTAGE OF BUSINESS STRUCTURE: _____

NUMBER OF OFF STREET PARKING SPACES AVAILABLE: _____

WILL YOU BE THE SOLE OCCUPANT OF THIS BUILDING OR ARE THERE OTHER TENANTS? _____

WILL IT BE NECESSARY FOR YOU TO STORE ANY TYPE OF HAZARDOUS MATERIALS ?

YES OR NO (CIRCLE) IF YES, DESCRIBE: _____

SIGNATURE: _____

TITLE: _____

FOR OFFICIAL USE ONLY:

APPROVED _____ **NOT APPROVED** _____

COMMENTS:

DIRECTOR, COMMUNITY DEVELOPMENT DATE