

## NON-RESIDENTIAL WORKSHEET

COUNTY	ITEM NO.	PARCEL	NAME	
PROJECT NO.	FEDERAL NUMBER		PROJECT	
TYPE OF RELOCATION		OCCUPANT TYPE	DATE OF OCCUPANCY	NO. OF EMPLOYEES
<input type="checkbox"/> Business	<input type="checkbox"/> Landlord	<input type="checkbox"/> Farm	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant
BUSINESS OWNER'S INFORMATION		PROPERTY OWNER'S INFORMATION		
OWNER'S NAME		NAME		
PROPERTY ADDRESS		PROPERTY ADDRESS		
PHONE		PHONE		
E-MAIL		E-MAIL		
BUSINESS TYPE	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership # of Partners	
			<input type="checkbox"/> Corporation	
AGENT'S NAME			Date	
TYPE OF OPERATION				
	Present Location	Replacement Needs		
Zoning				
Licensing Requirements				
Permit Requirements				
Certification Requirements				
Special Utility Req.				
Lot Size				
Entrances (No. & Size)				
Special Loading Areas				
Fencing				
Exterior Lighting				
Parking Spaces				
Environmental Problems				
Building Size – Cost				
Building Description				
ADA Accessible				
No. Restrooms				
Special Needs				
Other				
Other				
Other				
Other				
REMARKS:				