

Hours of operation: _____

Within **one hour time period**, estimated number of customer trips associated with this business:

Will you receive deliveries with this business? YES NO.

If yes, what type of delivery vehicles come to the property and how many **per week**?

Will the **use produce** odors, glare, noise vibrations, electrical disturbance, radio activity or other conditions detrimental to the character of the surrounding area? YES NO

Would there be window displays of products, goods, or commodities? YES NO

As applicant, I submit the foregoing responses are true and understand that a finding to the contrary by the Zoning Administrator can invalidate this application. I understand the use shall comply with the Rockingham County Zoning Ordinance, as amended, and that if at any time the requirements of the Code are exceeded, I may be required to relocate my business to property suitable to my operation or apply for special use permit for my business if required in that zoning district.

Applicant

Date