

City of Lovington

BUSINESS INSPECTION CHECKLIST

\*\*Complete this form first. It must be approved prior to issuance of Business Registration

Lovington City Hall (575) 396-2884 Fax: (575) 396-6328

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Business Name \_\_\_\_\_ Email \_\_\_\_\_

Proposed Business Location \_\_\_\_\_

Property Owner \_\_\_\_\_

Certificate of Occupancy: \_\_\_ Yes \_\_\_ No Permit # \_\_\_\_\_

New Building: \_\_\_ Yes \_\_\_ No Utilities On: \_\_\_ Yes \_\_\_ No

Any: alteration, repair, removal or demolition \_\_\_ Yes \_\_\_ No

If yes: Planning, Zoning, Flood Plain Signature required \_\_\_\_\_

Type of Business: \_\_\_ Office, \_\_\_ Retail Store, \_\_\_ Restaurant, \_\_\_ Day Care, \_\_\_ Auto Repair Shop, \_\_\_ Bar\Lounge
\_\_\_ Barber Shop, \_\_\_ Hair Salon, \_\_\_ Tattoo, \_\_\_ Amusement, \_\_\_ Contractor, \_\_\_ Oil Field
\_\_\_ Mobile Vendor, \_\_\_ Food Truck

Other \_\_\_\_\_

Sanitary Facilities \_\_\_ Yes \_\_\_ No

Please check one: \_\_\_ Commercial, \_\_\_ Home Occupation, \_\_\_ Mobile Business, \_\_\_ Out of Town

Comments: \_\_\_\_\_

APPROVAL OF APPLICATION

OFFICIAL USE ONLY:

Fire Marshal Approval \_\_\_ Yes \_\_\_ No By \_\_\_\_\_ Date: \_\_\_\_\_

Code Enforcement \_\_\_ Yes \_\_\_ No By \_\_\_\_\_ Date: \_\_\_\_\_

Delivered Checklist to City Clerk \_\_\_ Yes \_\_\_ No By \_\_\_\_\_ Date \_\_\_\_\_