



PALMDALE
a place to call home

ZONING CLEARANCE APPLICATION

- Single-Family Minor Modification Occupancy Review Tenant Improvement

Planning Division
38250 Sierra Highway
Palmdale, CA 93550
(661) 267-5200
planningdiv@cityofpalmdale.org

Case No.:
Date:
Fee: \$63

SUBMITTAL REQUIREMENTS

- 1. Completed application
2. Signed property owner authorization (if the applicant is not the owner of record)
3. Single-Family Minor Modifications and Tenant Improvements:
- Two copies of the plans, including, but not limited to a site plan, floor plan and building elevations, clearly indicating the scope of work and all existing and proposed structures, as applicable. All plans must include the minimum information provided within the plan preparation guidelines.
4. Occupancy Review for new businesses:
- One copy of the Occupancy Review Supplemental Questionnaire.
- If alcohol sales are proposed, submit two copies of a floor plan indicating the square footage and percentage of floor area dedicated to the sale and display of alcohol and one vicinity map indicating sensitive uses (i.e. schools, churches, residences, parks, other alcohol sales establishments, etc.) within a 1,000-foot radius of the project site.

Project Location (Address if Available):

Assessor's Parcel Number(s):

Project Description:

APPLICANT:

Name and Email Address:
Address:
City: State: Zip:
Telephone No.: () Fax No.: ()

CONTACT PERSON:

Name and Email Address:
Address:
City: State: Zip:
Telephone No.: () Fax No.: ()

PROPERTY OWNER:

Name and Email Address:
Address:
City: State: Zip:
Telephone No.: () Fax No.: ()

OWNER AUTHORIZATION LETTER

CASE NUMBER(S): _____

ASSESSOR'S PARCEL NUMBER(S): _____

If the applicant is not the owner of record, then a letter authorizing the applicant to represent the owner(s) must be submitted. Note: All owners must sign as their names appear on the deed to the land.

This letter shall serve to notify and verify that I/we am/are the legal owners of the property described and attached hereto and do hereby authorize the applicant to file and represent my/our interest in the above referenced applications(s). I/we have read this Letter of Authorization and know the contents thereof; and so hereby certify (or declare) under penalty of perjury under the laws of the State of California that the information contained in the above referenced application(s) is true and correct.

OWNER(S) OF RECORD:

_____ Printed Name	_____ Signature	_____ Date
_____ Printed Name	_____ Signature	_____ Date



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OCCUPANCY REVIEW SUPPLEMENTAL QUESTIONNAIRE

Business Information

Name of Business: _____

Street Address: _____

Suite/Unit Number: _____ Zip Code: _____

Detailed Description of Business: _____

New business: Yes / No If 'no', please explain request for change below:

Square footage of building/suite: _____ Number of parking spaces available: _____

Prior use of building/suite: _____ Is parking paved & striped? Yes / No

Business Operational Information – please check either Yes (Y) or No (N) for each question.

	Y	N
Will any portion of the use be conducted outside of an enclosed building?		
Does the use involve any public assembly?		
Are any building alterations or additions proposed?		
Does the use involve:		
Welding or open flame operation?		
Flammable liquids (storage, handling, etc.)?		
Dust producing operation (woodworking, etc.)?		
Plastic (storage, handling, use)?		
Compressed Gas (storage, handling, use)?		
High Piled Combustible Storage (over 8')?		
Tire Storage (over 6')?		
Vehicle repair or maintenance facilities?		
Storage of vehicles?		
Outdoor storage of equipment or materials?		

Provide an explanation for any "Yes" answers: _____

Alcohol Sales

If your business involves on-sale or off-sale sales of alcoholic beverages, please complete the following information, pursuant to City of Palmdale Ordinance No. 1262. A Conditional Use Permit may be required in conjunction with a request for alcohol sales. Contact the City of Palmdale Planning Division (661) 267-5200 for a copy of the Ordinance, or for further information regarding the sale of alcoholic beverages.

Is this an alcohol sales use? Yes / No
 Do you currently have an ABC license? Yes / No
 License Type: _____ License Number: _____
 Date issued: _____

What is the gross floor area designated for alcohol sales (include sale, display, storage, bar, seating, dance floor, and billiards area)? _____

Business Permit Information – please indicate if any of the following products or services are being provided by your business					
<input type="checkbox"/>	Adult Merchandise	<input type="checkbox"/>	Gun Dealer	<input type="checkbox"/>	Private Patrol
<input type="checkbox"/>	Ambulance	<input type="checkbox"/>	Health Club	<input type="checkbox"/>	Skateboard Center
<input type="checkbox"/>	Billiards	<input type="checkbox"/>	House/Street Numbering	<input type="checkbox"/>	Skating Rink
<input type="checkbox"/>	Carnivals/Concessions	<input type="checkbox"/>	Hypnotist	<input type="checkbox"/>	Swap Meet
<input type="checkbox"/>	Dancing	<input type="checkbox"/>	Locksmith	<input type="checkbox"/>	Taxicab
<input type="checkbox"/>	Entertainment	<input type="checkbox"/>	Massage	<input type="checkbox"/>	Tobacco/Smoking Products
<input type="checkbox"/>	Escort Bureau	<input type="checkbox"/>	Motion Picture Theater	<input type="checkbox"/>	Tow Truck
<input type="checkbox"/>	Fortunetelling	<input type="checkbox"/>	Pawnbroker	<input type="checkbox"/>	
<input type="checkbox"/>	Game Arcades	<input type="checkbox"/>	Buying or selling Secondhand Goods	<input type="checkbox"/>	

I certify that the information above is true and accurate to the best of my knowledge

Business Owner Signature Date

◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ **FOR OFFICE USE ONLY** ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆

PLANNING DIVISION

Zoning: _____ APN: _____ New Use? Yes No
 Is use allowed? No Yes with SPR/CUP Existing SPR/CUP #: _____

Use is to be established in existing building, therefore, the requirement for Site Plan Review is waived by the Planning Manager through issuance of this Zoning Clearance pursuant to ZO Chapter 2, Section 26.03.

Does use meet applicable Zoning Ordinance requirements? Yes No

Does use comply with terms & conditions of existing entitlement? Yes No

Is use consistent with General Plan? Yes No

Is a Business Permit required? Yes No

USE PERMITTED – Use permitted subject to compliance with all Building Codes, Municipal Codes, and issuance of a Business License.

USE DENIED

Comments _____

Name	Signature	Date
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INDUSTRIAL WASTE DISCHARGE PERMIT

Permit required? Yes No IW Permit No.: _____

Type of Permit: FSE Auto Std. 5-Year

Tenant improvements planned: Yes No Anticipated occupancy: _____

Does facility have an existing GRD/grease interceptor? Yes No

Is a Grease Removal Device required? Yes No

Courtesy facility inspection required? Yes No

Permit application complete: Yes No

Comments: _____

Name	Signature	Date
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BUILDING AND SAFETY DIVISION

Change of occupancy, applicant must submit detailed plans showing compliance with all current code requirements for _____ occupancy.

Need further clarification of proposed use. Submit fully dimensioned plans showing existing conditions, all alterations and proposed uses of all areas. (Minimum plans required, floor plan, and site plan.)

Occupancy inspection permit application must be completed, occupancy permit fees paid, and all corrections complied with prior to approval and occupancy.

Continuing use of existing building. No additional requirements.

Gas _____ Electric _____ Water _____ service has been disconnected. A courtesy safety inspection is required.

Other comments: _____

BUILDING AND SAFETY PRELIMINARY REVIEW

Name	Signature	Date
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Requirements discussed at counter

Requirements discussed by phone