



PALMDALE
a place to call home

City Use Only

Occupancy Review No.: _____

OCCUPANCY REVIEW FORM

Please complete all sections. Please print legibly. If you have any questions completing this form, please contact the Planning Department at (661) 267-5200.

Business Information

Name of Business: _____

Street Address: _____

Suite/Unit Number: _____ Zip Code: _____

Contact Person: _____ Contact Phone Number: _____

Email Address: _____

Detailed Description of Business: _____

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

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

Is this an existing alcohol sales use: Yes / No

Is this a new alcohol sales use: Yes / No (Please complete Page 3)

Property Owner/Leasing Manager Information

Owner: Agent:

Name: _____ Email: _____

Mailing Address: _____

State: _____ Zip Code: _____ Phone Number: _____

Signature: _____ Date: _____

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"/>	



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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 Department (661) 267-5200 for a copy of the Ordinance, or for further information regarding the sale of alcoholic beverages.

Is this an existing alcohol sales use? Yes / No

Is this a new 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)? _____

If alcohol sales are proposed as part of this business use, the following documents are required to be submitted with the Occupancy Review:

- An interior floor plan of the proposed establishment drawn to scale, indicating the total gross floor area of the establishment and the percentage of floor area devoted to alcohol sales.
- A vicinity map showing any of the sensitive uses within a 1,000-foot radius of the property on which the proposed use is to be located.

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

Business Owner Signature

Date

PLANNING DEPARTMENT

Zoning: _____

New Use? Yes / No

Is use permitted? Yes
 No

Yes with CUP CUP #: _____

Is a Business Permit required? Yes / No

Status of prior use: Legal Non-conforming Illegal

APPROVED

DENIED

Comments: _____

Name _____ Signature _____ Date _____

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 conditions.
- Gas _____ Electric _____ Water _____ service has been disconnected. A courtesy safety inspection is required.
- Business permit conditions required.
- Other comments: _____

BUILDING AND SAFETY PRELIMINARY APPROVAL

Name _____ Signature _____ Date _____