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

SUBMITTAL REQUIREMENTS

1. Completed application
2. Signed property owner authorization (if the applicant is not the owner of record)
3. 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): ____________________________________________

Suite/Unit Number: ____________________________________________

Assessor’s Parcel Number(s): ____________________________________________

Project Description: ____________________________________________

________________________________________

APPLICANT:
Name / Email Address: ____________________________________________
Address: ____________________________________________
City: ____________________________________________ State: __________ Zip: __________
Telephone No.: (____) __________________________ Fax No.: (____) __________________________

CONTACT PERSON:
Name / Email Address: ____________________________________________
Address: ____________________________________________
City: ____________________________________________ State: __________ Zip: __________
Telephone No.: (____) __________________________ Fax No.: (____) __________________________

PROPERTY OWNER:
Name / 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

**If property management company or leasing manager is signing on behalf of the Owner of Record”, a letter must be provided giving property owner permission to the signing agent.
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. |
|--------------------------------------------------|----------------------------------|
| Will any portion of the use be conducted outside of an enclosed building? | Y     | N     |
| Does the use involve any public assembly? | Y     | N     |
| Are any building alterations or additions proposed? | Y     | N     |
| Does the use involve: | Y     | N     |
| Welding or open flame operation? | Y     | N     |
| Flammable liquids (storage, handling, etc.)? | Y     | N     |
| Dust producing operation (woodworking, etc.)? | Y     | N     |
| Plastic (storage, handling, use)? | Y     | N     |
| Compressed Gas (storage, handling, use)? | Y     | N     |
| High Piled Combustible Storage (over 8’)? | Y     | N     |
| Tire Storage (over 6’)? | Y     | N     |
| Vehicle repair or maintenance facilities? | Y     | N     |
| Storage of vehicles? | Y     | N     |
| Outdoor storage of equipment or materials? | Y     | N     |

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)? ________________________________

<table>
<thead>
<tr>
<th>Business Permit Information – please indicate if any of the following products or services are being provided by your business</th>
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<tbody>
<tr>
<td>Adult Merchandise</td>
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<tr>
<td>Ambulance</td>
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<tr>
<td>Billiards</td>
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<tr>
<td>Carnivals/Concessions</td>
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<td>Dancing</td>
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<td>Entertainment</td>
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<td>Escort Bureau</td>
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<td>Fortunetelling</td>
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<td>Game Arcades</td>
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<td></td>
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</tbody>
</table>

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

_________________________________________  
Business Owner Signature  

_________________________________________  
Date
PLANNING DIVISION

Zoning:  
APN:  
New Use?  
No  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

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

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:  

Requirements discussed at counter  
Requirements discussed by phone

BUILDING AND SAFETY PRELIMINARY REVIEW

Name  Signature  Date
PUBLIC SAFETY
CPTED (Crime Prevention Through Environmental Design) inspection required?  □ Yes □ No

Security Plan required: □ Yes □ No

☐ Other comments: ___________________________________________________________

☐ Requirements discussed at counter  ☐ Requirements discussed by phone

PUBLIC SAFETY REVIEW

Name __________________________ Signature __________________________ Date ______