



Planning Department - Zoning Clearance

To be completed by the Applicant:

Applicant's name _____ Phone # _____

Location of Use: _____

Address

City

Assessor's Parcel #

Describe the Proposed Use: _____

Previous Use of the Property: _____

When did the Previous Use Cease? _____

Property Owner: _____

Owner's Mailing Address: _____

To be completed by Planning Department Staff:

Zone District: _____ General Plan Designation: _____

Is the Use Permitted in the Zone District? Yes No Is the Use Consistent w/the General plan? Yes No

List Previous Permits & Dates of Issuance: _____

Master Occupancy Permit? Yes No If yes, Permit Number: _____

Is there a Violation on site? Yes No If yes, Describe: _____

APPROVED TO SUBMIT APPLICATION TO ENVIRONMENTAL HEALTH SERVICES

(Check one of the following:)

- Use is permitted in the zone district and does not require a Use Approval
- Use is authorized by a permit which has not lapsed (attached copy of information verifying use has not lapsed for a period of more than one year)
- Continuation of a legal, non-conforming use which has not lapsed (attach copy of information verifying use has not lapsed for a period of more than six months)

NOT APPROVED: YOU MUST FIRST OBTAIN ZONING AND/OR BUILDING PERMIT(S)

Comments:

Staff Planner: _____ Date: _____

Original to permit file: copies to Application and Environmental Health Services