



ZONING COMPLIANCE INFORMATION FORM

BUSINESS INFORMATION		PROPERTY OWNER INFORMATION	
Name:		Name:	
Address:		Address:	
City, State:		City, State:	
Zip Code:		Zip Code:	
Telephone:		Telephone:	
Description of Business Operation		Construction	
Total area of Business: (Sq. ft.)		Is this building currently vacant: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Office (Sq. ft.)		Is construction work required for new use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Warehouse (Sq. ft.)		What is the area of the space to be improved? (Sq. ft.) Building permits may be required. Contact (510)620-6868	
Retail (Sq. ft.)		New Sign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, sign permit is required. Contact (510)620-6706	
Home business: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Home Occupation Form			
Please describe the business:			
Site Utilization (Please explain "Yes" answers)			
Will business involve retail sales to walk-in patrons? <input type="checkbox"/> Yes - Explain: <input type="checkbox"/> No		Will loading dock be used? <i>If yes, Existing _____ New _____</i> <input type="checkbox"/> Yes - Explain: <input type="checkbox"/> No	
Will business provide service or repair? <input type="checkbox"/> Yes - Explain: <input type="checkbox"/> No -		Will business require a service or delivery vehicle? <input type="checkbox"/> Yes - Explain: <input type="checkbox"/> No	
Will business involve retail sales of alcoholic beverages? <input type="checkbox"/> Yes - Explain: <input type="checkbox"/> No		Will there be outside storage of good/materials? <input type="checkbox"/> Yes - Explain: <input type="checkbox"/> No	
Will radio/electronic transmissions emit from site? <input type="checkbox"/> Yes - Explain: <input type="checkbox"/> No		Will there be an outdoor trash collection area? <input type="checkbox"/> Yes - Explain: <input type="checkbox"/> No	
Submitted by: (Print Name)		Signature:	Date:
PLANNING DEPARTMENT USE ONLY			
Zoning District:		CUP Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			
Approved		Denied	
Staff Name:		Date	