



PALMDALE

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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: _____ \$53

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.**



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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			
Adult Merchandise		Gun Dealer	Private Patrol
Ambulance		Health Club	Skateboard Center
Billiards		House/Street Numbering	Skating Rink
Carnivals/Concessions		Hypnotist	Swap Meet
Dancing		Locksmith	Taxicab
Entertainment		Massage	Tobacco/Smoking Products
Escort Bureau		Motion Picture Theater	Tow Truck
Fortunetelling		Pawnbroker	
Game Arcades		Buying or selling Secondhand Goods	

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

 Business Owner Signature

 Date

