

4381 Broadway, Suite 201, American Canyon, CA 94503
 Telephone: (707) 647-4336



ZONING CLEARANCE FORM (\$58.00 Fee)

BUSINESS INFORMATION

Business: _____
 Address: _____
 City, Zip: _____
 Phone: _____
 Contact: _____
 E-Mail: _____

PROPERTY OWNER INFORMATION

Name: _____
 Address: _____
 City, Zip: _____
 Phone: _____

DESCRIPTION OF BUSINESS OPERATION

Total area of business (sq. ft.) _____
 Retail (sq. ft.) _____
 Office (sq. ft.) _____
 Warehouse (sq. ft.) _____
 Manufacturing (sq. ft.) _____
 Other (sq. ft.) _____
 Describe business operations: _____

 Days & hours of operation: _____

 Total number of employees per shift: _____
 Total number of *onsite* parking spaces available for use by
this business: _____

BUILDING INFORMATION

Is this a new business? Yes No
 Was this building/space previously vacant? Yes No
 Area of this space (sq. ft.) _____
 Name of previous business: _____
 Describe the nature of the previous use: _____

 Does the building have fire sprinklers? Yes No
 Are there any proposed interior alterations? Yes No

 Are there any proposed exterior alterations? Yes No

 Will the business require a sign? Yes No

SITE UTILIZATION

Will there be changes to the parking lot? Yes No

 Will a loading dock be used? Yes No
 If yes, existing or new? _____
 Will business require service/delivery vehicle? Yes No

 Will business involve retail sales to walk-in patrons? Yes No

 Will business involve retail sales of alcoholic beverages? Yes No

 Will business provide service or repair? Yes No

 Will there be outside storage of goods or materials? Yes No

 Will hazardous, toxic, flammable or combustible liquids/materials be stored on the property? Yes No

Will property produce non-domestic sewage? Yes No

 Does the property have an outdoor enclosure for solid waste and recycling containers? Yes No
 -If no, where will solid waste and recycling containers be stored?

 What is the estimated average daily water usage?

PLANNING DIVISION USE ONLY			
Zoning Dist:	_____	CUP required:	Yes No
Comments:	_____		
Prescreen:	_____	Approved:	_____ Denied: _____
Signature:	_____		Date: _____