THE CITY OF EL CERRITO

ZONING INFORMATION FORM
Community Development Department
Planning Division
10890 San Pablo Avenue, El Cerrito, CA 94530
(510) 215-4330
planning@elcerrito.gov

Application No:
Date Received:

This Zoning Information Form is required for all new businesses or existing businesses that are relocating to a new location in El Cerrito. The purpose of this process is to certify that the proposed business activities are in compliance with the City of El Cerrito's Zoning Ordinance (Title 19, ECMC).

Acceptance of this form is required before the Community Development Department can issue a Business License.

Name of Business: _____

Business Address: _____

Applicant's Name and Phone: _____

Applicant's Mailing Address: _____

Property Owner's Name and Phone: _____

Property Owner's Mailing Address: _____

Floor area of building or tenant space that business will occupy: _____ **sq. ft.**

Description of business activities (attach separate sheet if necessary):

_____

_____

Type of Business:				**Number of Employees:**
	☐ Office	☐ Personal Service	☐ Industrial	
	☐ Retail	☐ Lodging	☐ Utility	
	☐ Food Service	☐ School	☐ Other _____	

❶	Will the business be conducted in a dwelling?	☐ Yes ☐ No
❷	Will the business require new or modified signs?	☐ Yes ☐ No
❸	Will the business require exterior changes to the building?	☐ Yes ☐ No
❹	Will the business include the storage or use of hazardous materials (e.g., explosive, flammable, or volatile liquids)?	☐ Yes ☐ No
❺	Will any aspect of the business be conducted outside of the building (e.g., sales, storage, seating)?	☐ Yes ☐ No
❻	Will the business include sale of alcohol?	☐ Yes ☐ No
❼	Will the business include sale of tobacco-related products? (e.g., cigarettes, e-cigarettes, cigars, pipes, hookah)? (see El Cerrito Municipal Code Chapter 6.100)	☐ Yes ☐ No
❽	Will the business include sale of medical marijuana?	☐ Yes ☐ No
❾	Will the business include the sale of adult merchandise (as defined by El Cerrito Municipal Code Section 19.20.023)?	☐ Yes ☐ No
❿	Will the business include live entertainment (e.g., live bands, karaoke)?	☐ Yes ☐ No

I certify that the answers provided are accurate and correct, that I am the owner of the business or property described above, and that the business will operate strictly as described on this form. **(*Signature required for approval)**

***Business Owner Signature:** _____ **Date:** _____

***Property Owner Signature:** _____ **Date:** _____

Planning Department Staff Use

Zoning district: _____

Use classification of proposed business: _____

Proposed use is:

- ☐ Permitted
- ☐ Permitted subject to limitations: _____

  _____
- ☐ Conditionally permitted with AUP
- ☐ Conditionally permitted with CUP
- ☐ Prohibited

Or:

- ☐ There is an existing conditional use permit for this use
- ☐ The use is existing legal nonconforming and may be continued, consistent with the regulations of Chapter 19.27 of the Zoning Ordinance.

Notes:

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_____

Staff signature: _____

Date: _____