



CITY OF MOORPARK

COMMUNITY DEVELOPMENT DEPARTMENT | 323 Science Drive, Moorpark, California 93021
Main City Phone Number (805) 517-6200 | Fax (805) 532-2540 | www.moorparkca.gov

ZONING CLEARANCE APPLICATION

BUSINESS NAME:	
PROJECT ADDRESS:	
PARCEL NUMBER(S):	
TYPE OF REQUEST:	
DESCRIPTION OF USE(S) – Provide detailed description of proposed use (include square footage, location, etc.).	

I hereby acknowledge that I have read this application in its entirety and state that the information given is correct and agree to comply with all provisions of [Title 17 \(Zoning\)](#) of the Moorpark Municipal Code. Zoning Clearances shall expire 180 days after issuance, unless otherwise indicated by the Community Development Director on the clearance or unless the use of land or structures or building construction has commenced and is being diligently pursued, as evidenced by current inspections and/or valid building permits. **I also understand that homeowner's association/property owner's association approval is the responsibility of the homeowner/property owner.**

APPLICANT	
Name	
Address	
City, State and Zip Code	
Phone	
Email	
Signature	Date

PROPERTY OWNER	
Name	
Address	
City, State and Zip Code	
Phone	
Email	
Signature or	Date
☐ Attached property owner's authorization	

STAFF USE ONLY BELOW THIS LINE

Zoning Clearance No.: _____ Building Permit No.: _____

Approved By: _____ Date: _____ **Total Fees = \$222.60**

Business Registration Number Verified (BR# _____) Staff Initials _____

☐ Owner-Builder/Contractor not yet selected (No Business Registration Required)

Waste Reduction and Recycling Plan Verified Staff Initials _____