CITY OF SOUTH LAKE TAHOE

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Development Services Department, Planning Division
1052 Tata Lane South Lake Tahoe CA 96150
Phone (530) 542-6010 • Fax (530) 541-7524
Web address: www.cityofslt.us/

ZONING/BUILDING CLEARANCE FOR BUSINESS LICENSE APPLICATION

MUST BE COMPLETED FOR ANY OF THE FOLLOWING:

- **ANY NEW BUSINESS WITHIN THE CITY LIMITS (EXCEPT "OUT OF CITY" CONTRACTORS)**
- **CHANGE OF BUSINESS LOCATION**
- **BUSINESS CHANGE OF OWNERSHIP**
- **HOME OCCUPATION**

YOUR BUSINESS LICENSE WILL NOT BE PROCESSED UNTIL YOUR BUSINESS LOCATION HAS BEEN APPROVED BY THIS ZONING/BUILDING CLEARANCE FORM

LOCATION OF BUSINESS: _____ **SUITE/SPACE #:** _____

_____ NEW BUSINESS _____ CHANGE OF BUSINESS LOCATION _____ CHANGE OF OWNERSHIP _____ HOME OCCUPATION*

**** A business operated from a residence within the City limits may require a Home Occupation Permit***

BUSINESS INFORMATION

NAME OF BUSINESS: _____

BUSINESS OWNER'S NAME: _____

CONTACT PERSON: _____ TITLE: _____

PHONE: _____ EMAIL: _____

MAILING ADDRESS: _____

DESCRIPTION OF BUSINESS (PLEASE BE SPECIFIC): _____

IF APPLICABLE, DESCRIBE EXTERIOR RENOVATIONS PLANNED FOR COMMERCIAL BUSINESS: _____

_____

REQUIRES BUILDING PERMIT: _____ YES _____ NO REQUIRES PLANNING PERMIT: _____ YES _____ NO

IF APPLICABLE, DESCRIBE INTERIOR RENOVATIONS: _____

_____

PROPOSED SIGNS: IF CHANGING OUT SIGNAGE: GO TO PLANNING LINK FOR SIGN APPLICATION.

IF BUILDING PERMIT IS REQUIRED: SEE SIGN CHECKLIST.

BUSINESS IS LOCATED: IN A MULTI-BUSINESS COMPLEX _____ IS A STAND-ALONE BUSINESS _____

TENANT FLOOR SPACE OCCUPIED BY YOUR BUSINESS (SQUARE FEET): _____

NAME OF PREVIOUS BUSINESS IN LOCATION (IF APPLICABLE): _____

DESCRIPTION OF PREVIOUS BUSINESS (IF APPLICABLE): _____

*** If change of use, please fill out TRPA Change In Operation Form and submit with application*

Interior changes, including but not limited to, mechanical, structural, plumbing, and electrical will require a Building Permit. Exterior changes to a building require a design review by the Planning Division. Please contact the Permit Center at (530) 542-6010 for information regarding permits or visit our website at cityofslt.us. Please contact the Planning Division at (530) 542–6010, option 5 for design review or zoning enforcement questions. This form may be submitted via e-mail (planner@cityofslt.us) or in person/mail: 1052 Tata Lane, South Lake Tahoe, CA 96150.

New tenants must comply with readily achievable American Disabilities Act issues

By signing below, you are certifying that the above information is correct, and you understand that this approval only applies to the address noted above. If you move from this location, you will need to complete a new "Zoning/Building Clearance for Business License Application."

Business Owner's Signature: _____ Date: _____

STAFF USE ONLY

ZONING INFORMATION:

LOCATION OF BUSINESS: _____ **SUITE/SPACE #:** _____

PLAN AREA/COMMUNITY PLAN AREA: _____

PROPOSED USE: _____

PERMISSIBLE USE IN THIS LOCATION: _____ YES _____ NO

REQUIRES HOME OCCUPATION PERMIT: _____ YES _____ NO

REQUIRES SPECIAL USE PERMIT: _____ YES _____ NO

STORMWATER INSPECTION APPLICABLE:

_____ COMMERCIAL (RESTAURANT/AUTOMOTIVE SERVICE/GAS STATION)

_____ INDUSTRIAL

PLANNING APPROVAL: _____ DATE: _____

BUILDING APPROVAL: _____ DATE: _____

PERMITTING REQUIREMENTS:

- MECHANICAL, ELECTRICAL, PLUMBING & STRUCTURAL WORK REQUIRES A BUILDING PERMIT
- CHANGE IN EXISTING SIGNAGE OR NEW SIGNAGE REQUIRES A SIGN PERMIT
- EXTERIOR FAÇADE MODIFICATIONS OR ADDITIONS REQUIRE A BUILDING/AND OR PLANNING PERMIT.

CHANGE OF OPERATION:

PREVIOUS USE: _____

_____

PROPOSED USE: _____

_____

CHANGE OF OPERATION: _____ YES _____ NO

IF YES, MOBILITY MITIGATION FEES: $_____ PAID: $_____