Community Development Department - Planning Division
10890 San Pablo Avenue
El Cerrito, CA 94530
TEL: (510) 215-4330 - FAX: (510) 233-5401
planning@ci.el-cerrito.ca.us

ZONING CLEARANCE – (6055)

PLEASE PRINT

Address of business:
Name of business:
Type of business:
Total gross leasable space of the entire building:
Number of tenant spaces in the building:
Total square feet of lease area to be used for your business:
Maximum number of employees at any one time:
Maximum number of customers or other visitors at any time:
Peak hours of employees/customers:
Number of off-street parking spaces for entire building:
Number of off-street parking spaces designated for your business:
Describe the method and frequency of merchandise deliveries and/or pick-ups:
Will the business involve the handling of any hazardous materials?
If yes, describe:
Describe the previous occupant at this location (type of business, number of employees, etc.):
How long as this space been vacant?

PROPERTY OWNER OR AUTHORIZED AGENT	**APPLICANT**
Name:	Name
Address:	Address:
City/ZIP:	City/ZIP
Phone:	Phone:
(Signature & Date)	(Signature & Date)

By signing this application you agree to comply with any conditions of approval listed on the reverse side of this Zoning Clearance.

(See over)

ACTION:

Approval of this Zoning Clearance simply states that the proposed use is permitted at the specific location listed; different considerations may apply to other locations in El Cerrito. Please check with this office before moving or expanding into an available location.

- ☐ Zoning clearance is **approved**.
- ☐ Zoning clearance is **approved with conditions**.
- ☐ Zoning clearance is **not approved** because proposed use cannot be permitted at the listed location.
- ☐ Zoning clearance is **not approved**. Further review and action is required as follows:

CONDITIONS OF APPROVAL:

_____

_____

_____

_____

_____

Planner: _____ Date: _____

AREA BELOW FOR DEPARTMENT USE ONLY:

Application for Use Permit: _____

Application for Design Review Board Approval: _____

Sign Guidelines: _____

Staff Comments: _____

_____

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