CITY OF RIDGECREST

ZONING CLEARANCE – OCCUPANCY REVIEW FORM

Planning Division
100 W. California Ave.
Ridgecrest, CA 93555
(760)499-5071
permits@ridgecrest-ca.gov

Case No.: _____
Date: _____
Fee: _____

SUBMITTAL REQUIREMENTS

1. Completed application
2. Signed property owner authorization (if the applicant is not the owner of record)
3. Occupancy Review Supplemental Questionnaire

Project Location (Address if Available): _____

Suite/Unit Number: _____

Assessor's Parcel Number(s): _____

Project Description: _____

_____

APPLICANT		
Name(s):		
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	
CONTACT PERSON		
Name(s):		
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	
PROPERTY OWNER		
Name(s):		
Mailing Address:		
City:	State:	Zip:
Phone:	Email:	

CITY OF RIDGECREST

PROPERTY OWNER AND AUTHORIZED APPLICANT CERTIFICATIONS

I certify that I am presently the legal property owner of the noted property. I, the undersigned owner (and, when applicable, the authorized agent acting on behalf of the owner) of the property herein described, hereby make application for approval of the plans submitted and made part of this application in accordance with the provisions of the City of Ridgecrest ordinances. I understand that during review of the project, additional permits and/or actions may be required. I hereby certify that the information given is true and correct to the best of my knowledge and belief.

I acknowledge that Plan Sets may be reproduced and distributed to City representatives and members of the public for project review purposes only.

I grant permission to the City of Ridgecrest to conduct site visits necessary to investigate the proposed project.

_____	_____	_____
PROPERTY OWNER SIGNATURE	PROPERTY OWNER NAME (PRINT)	DATE
_____	_____	_____
APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE

CITY OF RIDGECREST

OCCUPANCY REVIEW SUPPLEMENTAL QUESTIONNAIRE

BUSINESS INFORMATION:

Name of Business: _____

Street Address: _____

Suite/Unit number: _____

Detailed Description of Business: _____

_____

New Business: ☐ Yes / ☐ No If 'No', please explain request for change below:

_____

Sq. Footage of Building/Suite: _____ Prior Use of Building/Suite: _____

Number of Parking Spaces: _____ Is Parking Paved/Striped? ☐ Yes ☐ No

BUSINESS OPERATIONAL INFORMATION – Please check Yes (Y) or No (N) for each question		
	Y	N
Will any portion of the use be conducted outside of an enclosed building?		
Does any use involve any public assembly?		
Are any building alterations or additions proposed?		
Does the use involve:		
Welding or open flame operation?		
Flammable liquids (storage, handling, etc.)?		
Dust producing operation (woodworking, etc.)?		
Plastic (storage, handling, use)?		
Compressed gas (storage, handling, use)?		
High Piled Combustible Storage (over 8')?		
Tire Storage (over 6')?		
Vehicle repair or maintenance facilities?		
Storage of Vehicles?		
Outdoor storage of equipment or materials?		

Provide an explanation for any "Yes" answers: _____

_____

_____

CITY OF RIDGECREST

BUSINESS CLASSIFICATION – please indicate if any of the following products or services are being provided by your business					
	Retail Sales & Service		Mobile Home Space Rentals		Licensed Contractor
	Professionals		Commercial Rentals		Non-Licensed Contractor, Handyman
	Manufacturing, Hospitals, Utilities, & Automotive Salvage		Pool Tables, Bowling Alleys		Adult Entertainment
	Vending, Laundromats, Coin Operated Machines, Car Washes		Card Rooms		Bingo Games (Charitable Sponsor)
	Wholesale Deliveries, Set Route Services		Billboards/Outdoor Advertising		Swap Meets, Craft Exhibitions, Flea Markets
	Catering from Vehicle		Carnivals, Circuses		Residential Rentals
	Itinerant Merchant, Solicitor, Theaters, Junk Dealers		Shoe Shining		

I certify that the above information is true and accurate to the best of my knowledge

_____ _____

Business Owner Signature Date

CITY OF RIDGECREST

FOR OFFICIAL USE ONLY

PLANNING DIVISION

Zoning: _____ APN: _____ New Use? ☐ Yes ☐ No

Is use allowed? No Yes with SPR/CUP Existing SPR/CUP # _____

Requirement for Site Plan Review ☐ Yes ☐ No

Does the use meet applicable Zoning Ordinance Requirements? ☐ Yes ☐ No

Does the use comply with terms & conditions of existing entitlements? ☐ Yes ☐ No

Is the use consistent with the General Plan? ☐ Yes ☐ No

☐ USE PERMITTED – Use permitted subject to compliance with a Building Codes, Municipal Codes, and issuance of a Business License.

☐ USE DENIED

Comments _____

_____

_____

Name Signature Date

BUILDING AND SAFETY DIVISION

☐ Change of occupancy, applicant must submit detailed plans showing compliance with all current code requirement(s) for _____ occupancy.

☐ Need further clarification of proposed use. Submit fully dimensioned plans showing existing conditions, all alterations, and proposed uses of all areas. (Minimum plans required, floor plan, and
site plan.)

☐ Occupancy inspection permit application must be completed, occupancy permit fees paid, and all corrections compiled prior to approval and occupancy.

☐ Continuing use of existing building. No additional requirements.

☐ **Gas _____ Electric _____ Water _____ service has been disconnected. A safety inspection is required.**
Other comments: _____

☐ Requirements discussed at counter ☐ Requirements discussed by phone

CITY OF RIDGECREST

PUBLIC WORKS DIVISION

Does facility have an existing GRD/grease interceptor? ☐ Yes ☐ No

Is a grease removal device required? ☐ Yes ☐ No

Comments: _____

_____

_____

Print Name Signature Date