



ZONING COMPLIANCE REVIEW

Commercial/Industrial Application

Application Fee: \$89

Date

(For Departmental Use Only)

INSTRUCTIONS:

- This review is required for new and relocated businesses to verify that the type of business is permitted at the proposed location
- **All questions must be answered**; write "N/A" if a question does not apply
- Incomplete applications may be rejected, and resubmittals/new applications are subject to a \$89 fee
- Completed applications and payment can be submitted in-person at City Hall during business hours
- Alternatively, completed applications **and** proof of payment can be emailed to Planning@unioncity.org
 - Payments can be made with the Finance Department by calling 510-675-5312
 - Applications sent without proof of payment (i.e. a receipt) will not be reviewed
 - Applications and proof of payment (i.e. a receipt) must be submitted as **one file** in order to be reviewed

CONTACT INFORMATION (Print or Type)

Applicant Name & Title:		
Business Name/Doing Business As:		
Business Location:		
Email (required):		
Phone:		
Website:		
APN:	Zoning:	Parcel Size:

STAFF DETERMINATION (For Departmental Use Only)

☐ Approved – Use is permitted:	
☐ Disapproved – Use is Not Permitted:	
☐ Incomplete Application:	
Staff Reviewer:	Date:

****This form must be submitted to the Finance Department within 180 days of Planning's review. This review is not an entitlement, and the business must comply with all applicable regulations in effect.***

Union City Planning Division • 34009 Alvarado-Niles Road, Union City, CA 94587
Phone: 510-675-5379 • Email: Planning@UnionCity.org • Website: www.unioncity.org/208/Planning
Planning Counter Hours: <https://www.unioncity.org/208/Planning#planning-counter-hours>

COMMERCIAL & INDUSTRIAL DISTRICTS QUESTIONNAIRE

Please print or type your answers, additional space is available on page 4.

1. Provide a detailed description of the business (e.g. services and goods offered):	
2. Describe the specific activities that will take place at this location:	
3. Will any food products be prepared or packaged at this location? ☐ No ☐ Yes If yes , explain:	
4. Does the facility generate any hazardous waste? ☐ No ☐ Yes If yes , explain:	
5. Will the business use any of the following:	
• Propane- or battery-powered forklifts/lifting equipment? ☐ No ☐ Yes	
• Carbon dioxide for soda dispensers? ☐ No ☐ Yes	
• Refrigerant gases for refrigerators/freezers? ☐ No ☐ Yes	
• Other hazardous materials (e.g., concentrated cleaning products, compressed gases, laboratory chemicals, fuels, or oils? ☐ No ☐ Yes	
If yes , list all materials and quantity on a separate sheet.	
6. Specify the products, materials, equipment, etc. that will be stored inside the building:	
7. Specify the products, materials, equipment, etc. that will be stored outside the building:	
8. Previous business operating from this tenant space:	
9. Square footage of building:	10. Square footage of tenant space:
11. Number of employees at site:	12. Is the business open to the public? ☐ No ☐ Yes
13. Provide the address(es) of the business's other locations/operations (if applicable):	
14. List and describe any planned changes or alterations to the tenant space or site:	

Supplemental Questions for Warehouse, Distribution, Transportation, and Misc. Automotive Uses		
15. Number of available parking spaces on site for	a) Automobiles:	b) Trucks:
16. Number of reserved parking spaces on site for	a) Automobiles:	b) Trucks:
17. Number of trucks registered to the business:		
18. Are the trucks authorized for hire? ☐ No ☐ Yes		
If yes , provide USDOT registration number:		
19. Where are the trucks parked when not in use?**		
20. List the make, model, and license plate number of vehicle(s) associated with the business: _____		

****A valid, legible, and verifiable lease in another City may be required if the site cannot accommodate a business's truck parking demands.**

Please provide any additional information about the proposed business to help staff understand the use:

I declare under penalty of perjury, that to the best of my knowledge, all information provided on this form is true and complete.

_____ Signature of Applicant	_____ Printed Name/Title	_____ Date
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[illegible]