



Development Services Department

ZONING CLEARANCE/INSPECTION APPLICATION

Fee	\$100.00*
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*This is not the business license fee, contact Business License at x.2359 for the license fee

GENERAL BUSINESS LICENSE INFORMATION

Business Name		Office Use Only	
		BL #:	Fee:
Business Address		APN #:	
Is the address a residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address	
Business Phone #	Business FAX #	Name & Title of Highest Ranking Contact Person:	
Mailing Address (If different than business address)			

Property Owner Information

Property Owner's Name:	Phone #:
Property Owner's Address:	

Description of Business Operation

# of all employees reporting to this location	Days & Hours of operation	Number of buildings

PLEASE INDICATE GROSS SQUARE FOOTAGE OF EACH AREA YOU LEASE OR OWN

Office Area	Manufacturing Area	Warehousing Area	Cultivation	Other	Total Square Footage of Bldg

Mark all items that describe your business operation at this location:

<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale, Distribution	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Assembly/packaging	<input type="checkbox"/> Vehicle repair/servicing	<input type="checkbox"/> Cultivation
<input type="checkbox"/> Office/Business services	<input type="checkbox"/> Warehouse/Storage	<input type="checkbox"/> Printing
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Health services	<input type="checkbox"/> Social Services
<input type="checkbox"/> Massage/Aromatherapy	<input type="checkbox"/> Recycling or Similar	<input type="checkbox"/> Food Processing (describe)
<input type="checkbox"/> Restaurant or fast food	<input type="checkbox"/> Trucking	<input type="checkbox"/> Other

Describe other
Describe the product(s), material and/or services at this location
Describe type of machinery, or equipment to be use at this location

Storage Information

Check all that apply:

- Material or products will be stored:
- On pallets Free standing On racks shelving
 6ft. in height 12 ft. in height

Emergency Contact information

Name	Primary Phone No.	Secondary Phone No.
1 st Contact Name:		
2 nd Contact Name		

Signature

DATED: IN THE CITY OF ADELANTO, STATE OF CALIFORNIA

Signature of Applicant	Phone #:
Address of Applicant:	
Email Address:	

HAZARDOUS WASTE SITE CERTIFICATION
 (Required pursuant to Section §65962.5 (f) of the California Government Code)

The applicant/owner hereby certifies that they have consulted the list of hazardous waste sites for the City of Adelanto, dated _____ (***must be filled in***), and the project **is/is not** (***circle one***) located on a site included on the list of hazardous waste sites for the City of Adelanto.

Air Quality/Hazardous Materials Certification: (Required pursuant to Section §65850.2 of the California Government Code)

1. The applicant/owner hereby certifies that the project **will/will not** (***circle one***) need to comply with the requirements for a permit for construction or modification from the Mojave Desert Air Quality Management District, 14306 Park Avenue, Victorville, CA 92392, (760) 245-1661.
2. The applicant/owner hereby certifies that the project **will/will not** (***circle one***) have more than a threshold quantity of a regulated substance, or will contain a source or modified source of hazardous air emissions. Please attach a list of any regulated substances and quantities anticipated, if applicable. (Note: Any quantity of hazardous waste or handling or storage of any quantity of acutely hazardous materials requires filing of a Management Plan and a permit from County Environmental Health Services. A Management Plan and permit is also required for other hazardous materials if more than the threshold quantities are present, which are typically either 55 gallons of liquid, 200 cubic feet of pressurized gases, or a weight of 500 pounds.)
3. Describe any use, storage, or discharge of hazardous and/or toxic materials in the known history of this property. Please list the materials and dates, if known.
4. The project **is/is not** (***circle one***) located within one-quarter (1/4) mile of a school.

NOTE: Plan review, permits, and inspections are also required from Engineering and Building and Safety prior to occupancy of the proposed project or business license.

Please initial the following information indicating your understanding of them:

_____ This application is for Planning Department Approval ONLY. Other department approval is required; please inquire with the Business License Department for separate approvals.

_____ Planning Department review for the Business License will take approximately one (1) to two (2) weeks however may take longer to process.

_____ A site plan and/or current pictures of the site may be required.

_____ Signage requires a separate application through the Planning Department for review and approval.

_____ I understand the information regarding deposits for processing costs.

Certification: I hereby certify that I understand the information regarding deposits for processing costs, information, and requirements referenced in this application and that the information furnished above and in any attached exhibits is true and correct. The property owner further certifies that they are the legal owner of the property and consent to the application.

Applicant's Signature Date

Property Owner's signature Date

Applicant's Printed Name

Property Owner's Printed Name

For Department Use Only

Planning Department	Designated Zone: _____	Required Parking Spaces	Provided Parking Spaces
<input type="checkbox"/> Approved Use:	<input type="checkbox"/> Disapproved Use	Reviewed By:	Date:
Type of Use:			
FIRE DEPARTMENT	Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	BY: _____
BUILDING DEPARTMENT	Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	BY: _____
HEALTH DEPARTMENT	Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	BY: _____
REMARKS:			
BL No. _____	Building Address _____		Locality _____
Check No. _____	Amount: _____	Date: _____	Receipt No. _____
Processed By: _____			

Business Operations Description Letter
(Please provide a detailed description of the proposed business operation)

Any Furniture Company
1000 South Anyplace
Any City, CA 00000

July 20, 2010

Dear City Official:

The following information is in response to your request to describe the proposed business operation to be conducted at the above address:

1. Operations conducted in the building are as follows:

Upholstery – manufactures loose cushions for wood and metal furniture as well as some fully upholstered furniture

Plastic furniture – manufacture plastic furniture out of extruded plastic tubing. Operations include cutting, thermoforming and assembly.

Spray painting – painting of all necessary items. All spray painting to take place in spray booth

Warehousing of wood and metal furniture components
General office activities

2. See attached site/plot plan

3. Materials to be stored include the following:

Metal and wood furniture frames stacked upon themselves
Wood furniture parts palletized

Upholstery materials in racks 6 feet high

4. Materials are stored both in racks, on pallets, and free standing. Maximum storage height is 10 feet.
5. No alterations are planned at this time.
6. Machinery is UL certified or equivalent

Sincerely,

John J. Jones
President