



# ZONING COMPLIANCE REVIEW

## Commercial/Industrial Application

Application Fee: \$82

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 \$82 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](mailto: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)

<input type="checkbox"/> <b>Approved</b> – Use is permitted:	_____
<input type="checkbox"/> <b>Disapproved</b> – Use is Not Permitted:	_____
<input type="checkbox"/> <b>Incomplete Application:</b>	_____
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.**

# 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:
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11. Number of employees at site:	12. Is the business open to the public? <input type="checkbox"/> No <input type="checkbox"/> Yes
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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: \_\_\_\_\_  
 \_\_\_\_\_





