



ZONING COMPLIANCE REVIEW FOR BUSINESS LICENSES *Commercial/Industrial Application*

Application Fee: \$77
Date
<i>(For Departmental Use Only)</i>

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 \$77 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 will not 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"/> Approved – Use is permitted: _____ 	
<input type="checkbox"/> Disapproved – Use is Not Permitted: _____ 	
<input type="checkbox"/> 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.***

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: _____

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? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<i>If yes, provide USDOT registration number:</i>		
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

