

# ZONE CLEARANCE APPLICATION



COMPLETE FORM LEGIBLY. WE CANNOT CONSIDER THIS APPLICATION UNLESS ALL INFORMATION IS PROVIDED AND ALL QUESTIONS ARE ANSWERED.

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Owner      Employee      Agent      Other  
Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( \_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

## BUSINESS INFORMATION

Business Name: \_\_\_\_\_ Phone : ( \_\_\_\_ ) \_\_\_\_\_  
Site Address: \_\_\_\_\_ Suite: \_\_\_\_\_ Zip: \_\_\_\_\_  
Describe use and business operations *in detail* (attach separate page if more space needed): \_\_\_\_\_  
\_\_\_\_\_

Total number of employees: \_\_\_\_\_. Is there more than one business operating in one suite/office?      Yes      No  
Will your business require outside storage?      Yes      No      If yes, explain:

## BUILDING INFORMATION

Business Type (choose one):      Commercial      Office      Industrial      Other (specify):  
Type of Building (choose one):      Single Tenant      Multi-Tenant      Other (specify):  
What is the square-footage of the building and/or your lease area? \_\_\_\_\_ sq. ft.  
Previous use of this building or suite: \_\_\_\_\_ Date business closed: \_\_\_\_\_  
What is the maximum number of people anticipated at any given time, including staff and patrons? \_\_\_\_\_  
Will the building/space be used for:      education      instruction      daycare      restaurant      worship      none  
If yes, how many square feet is the tenant space for this type of use(s): \_\_\_\_\_ sq. ft.

*Have any of the following items been, or plan to be, done prior to the expected opening date of your business:*

Have any City building permits been applied for?      Yes      No      If yes, list: \_\_\_\_\_  
Will any partitions be added, moved or removed?      Yes      No  
Will there be any exterior additions, demolitions, or alterations?      Yes      No  
Will any electrical systems be added, altered, deleted or moved? (e.g., outlets, lights, switches, etc.)      Yes      No  
Will any plumbing systems be added, altered, deleted or moved? (e.g., water/sewer, gas, fixtures, etc.)      Yes      No  
Will any mechanical systems be added, altered, deleted or moved? (e.g., heating, A/C, fans, etc.)      Yes      No

Note: Interior painting, papering, and similar finish work do not require permits. Additional information in the form of a letter or plan review may be required to more clearly define the operation of your business.

Will any wastewater/stormwater treatment devices be installed (e.g., grease interceptor, separator, etc.)?      Yes      No  
Will the building/space be used for:      food service or preparation      manufacturing      automotive/auto body repair  
vehicle washing      animal care      invasive medical treatment      dental care      laboratory analysis      none

**HAZARDOUS MATERIAL INFORMATION.** If your business will handle, store, or generate any hazardous materials or waste, then you will need approval from the City of Redlands Fire Dept and/or San Bernardino County Fire Dept CUPA. A hazardous material or waste is any material (because of its quantity, concentration, physical or chemical characteristics) that poses a significant potential hazard to human health or the environment. If a vendor has supplied a Material Safety Data Sheet (MSDS) for a substance, it is probably a hazardous material. Consider a material to be hazardous if it is flammable, combustible, corrosive, or toxic; this includes fuels (gasoline), propane, acetylene, oxygen, carbon dioxide, dry cleaning chemicals, paints, lead acid batteries, fertilizers, or pesticides. For further information, please call the City of Redlands Fire Dept at (909) 798-7601 during regular business hours, or visit the Fire Dept office at the Civic Center. Does your business handle, store, or use any of the above classifications?      Yes      No

**ADDITIONAL PERMITS.** Approval of this form does not eliminate the need for other permits, licenses, or certificates if required (such as building permit, sign permit, Fire Dept. permit, Certificate of Occupancy, Special Event Permit, Conditional Use Permit, Health Dept. permit, hazardous material permit, etc.). I understand and agree that failure to obtain and/or maintain any related permits or approvals for this business may result in revocation of the business license.

**APPLICANT STATEMENT.** I hereby certify under penalty of perjury that I have read and understand all of the sections above, and that the information provided on this form is true and correct to the best of my knowledge. I also state that I have read and familiarized myself with the portions of the Redlands Zoning Regulations (Title 18 of the Redlands Municipal Code) which apply to my business in this location. I agree to comply with these regulations and any other applicable local, state, and federal regulations that may relate to this proposed business.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_