

COMMERCIAL BUSINESS OCCUPANCY PERMIT APPLICATION

Zoning Verification

TYPE OF APPLICATION

NEW BUSINESS
 ADDRESS CHANGE
 OWNERSHIP CHANGE
 SUPPLEMENTAL LICENSE

BUSINESS INFORMATION

BUSINESS ADDRESS

NAME OF BUSINESS

DESCRIPTION OF BUSINESS

TYPE OF BUSINESS (CHECK ONE)

- RETAIL
- GENERAL OFFICE
- INDUSTRIAL
- WHOLESALE
- RESTAURANT
- MANUFACTURING
- SERVICE
- SCHOOL
- SPECIALTY SHOP
- MEDICAL/DENTAL OFFICE
- OTHER:

BUSINESS OWNER

PHONE NUMBER

MAILING ADDRESS

EMAIL ADDRESS

BUSINESS OPERATIONS INFORMATION

- | | | |
|---|------------------------------|-----------------------------|
| 1. Will the new business occupancy display any business signs? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Will the new business occupancy include interior or exterior improvements? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Will alcoholic beverages be sold or consumed on the premises? (attach ABC License) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Will hazardous waste be stored on the premises? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Is the business occupying space with another business (sharing of space)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If YES, Name of Business: _____

Business Owner: _____

6. What is the square foot of interior space (including patio area if applicable)?

7. For eating and drinking establishments, how many seats will there be?

8. Will you have:

- Dancing
 Music
 Performers
 Adult Entertainment
 Special Events

If YES, describe: _____

BUSINESS OPERATIONS INFORMATION *Continued*

9. Does your business involve any of the following uses or activities? *Please check all that apply.*
 For more information, refer to SFMC Chapter 22

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Alcohol Sales for On-site Consumption | <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Game, Skill and Chance | <input type="checkbox"/> Private Patrol |
| <input type="checkbox"/> Antique Shop | <input type="checkbox"/> Boxing | <input type="checkbox"/> Handbill Distribution Business | <input type="checkbox"/> Sale of Tobacco Products/Paraphernalia |
| <input type="checkbox"/> Arcade | <input type="checkbox"/> Carnival | <input type="checkbox"/> Junk and/or Refuse Collector | <input type="checkbox"/> Secondhand Dealer |
| <input type="checkbox"/> Auction of Jewelry | <input type="checkbox"/> Closing-out Sale | <input type="checkbox"/> Junk Dealer | <input type="checkbox"/> Shooting Gallery |
| <input type="checkbox"/> Auctioneer | <input type="checkbox"/> Dance, Public | <input type="checkbox"/> Massage Parlor | <input type="checkbox"/> Show |
| <input type="checkbox"/> Auto Rental | <input type="checkbox"/> Dancehall | <input type="checkbox"/> Merry-go-round | <input type="checkbox"/> Skate Rink |
| <input type="checkbox"/> Auto Repossesor | <input type="checkbox"/> Dancing Academy | <input type="checkbox"/> Pawn Broker | <input type="checkbox"/> Street Speaking |
| <input type="checkbox"/> Auto Wrecking | <input type="checkbox"/> Dancing Club | <input type="checkbox"/> Pool Room | <input type="checkbox"/> Swap Meet Operator |
| <input type="checkbox"/> Bath | <input type="checkbox"/> Escort Bureau | <input type="checkbox"/> Pool Tables | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Body Piercing | <input type="checkbox"/> Fire Sale | | <input type="checkbox"/> Trailer Camps |
| | <input type="checkbox"/> Fireworks Sale | | |

PROPERTY OWNER INFORMATION *Application cannot be processed unless complete*

PROPERTY OWNER	SIGNATURE
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MAILING ADDRESS	PHONE NUMBER
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ACKNOWLEDGMENT *I understand that the granting of this permit is contingent upon compliance with all regulations of the City of San Fernando Zoning Ordinance and other applicable City, State, and Federal regulations. I hereby certify that I have read the statements contained in this application and that they are true and correct.*

BUSINESS OWNER SIGNATURE*	DATE
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**The Commercial Business Occupancy Permit is issued to the Business Owner providing a proposed use is permitted and all general requirements, applicable regulations, and conditions of approval are satisfied. All approved permits are subject to any applicable requirements pursuant to the San Fernando Municipal Code.*

FOR OFFICE USE ONLY

CBO FEE	\$ 214.85	CBO	INCORPORATED AUG 31 1911 CALIFORNIA	
ISSUANCE FEE	\$ 69.00			
AIMS SURCHARGE	\$ 28.39			
GPU SURCHARGE	\$ 14.19			
TOTAL FEE	\$ 326.43	ZONING	CONDITIONAL USE PERMIT	USE CATEGORY
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
		RESOLUTION NO.	AIMS FILE NO.	PARKING RATIO

PLANNING APPROVAL	DATE
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COMMENTS

CONDITIONS OF APPROVAL *Please initial the following conditions*

The following conditions shall be made a part of the approval of this Commercial Business Occupancy Permit, and shall be complied within their entirety, as determined by the Community Development Department.

Applicable Regulations **Sec. 106-490** (C-1 Limited Commercial Zone), **Sec. 106-520** (C-2 Commercial Zone),
Sec. 106-585 (M-1 Limited Industrial Zone), **Sec. 106-615** (M-2 Light Industrial Zone)
Development Standards **Sec. 106-551** (SC Service Commercial Zone), **Sec. 106-668** (Specific Plan Zones and Zoning
Map Designations)

- _____ 1) **Inspection of the subject site by the Building and Safety Division is REQUIRED in order obtain a Certificate of Occupancy to operate a business. All inspections MUST BE SCHEDULED AT LEAST 72 HOURS prior to the operation of any business.**
- _____ 2) All landscape planting shall be kept in a healthy and growing condition. Fertilization, cultivation, and tree pruning shall be a part of regular maintenance. Good horticultural practices shall be followed in all instances.
- _____ 3) Parking for handicapped persons shall be provided in accordance with standards established in the state handicapped requirements.
- _____ 4) Required parking spaces shall be double-striped with the stall widths measured from the midpoints of the double-stripe markings.
- _____ 5) All trash and garbage collection facilities shall be either enclosed within a building or by a screening fence or a wall.
- _____ 6) A sign permit shall be required prior to the placing, erecting, moving, reconstructing, altering or displaying of any sign within the city. All signs shall be maintained in good repair, including display surfaces and structures which shall be kept neatly painted, pasted, or mounted.
- _____ 7) All building exteriors shall be painted with a color approved by the Planning Division of the City of San Fernando.
- _____ 8) All uses permitted shall be inside permanent buildings.
- _____ 9) All storage must be confined to the interior of the permanent structure.
- _____ 10) The owners and all successors shall comply with the graffiti removal and deterrence requirements.

ADDITIONAL CONDITIONS *Please initial the following conditions*

- _____ 11) _____
- _____ 12) _____

NOTES

SIGNATURES

BUSINESS OWNER SIGNATURE	DATE
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