

ZONE CLEARANCE APPLICATION

We cannot consider this application unless all information is provided. This form must be accompanied with a business tax certificate application. Please attach any additional information along with this application when submitting.

Zone Clearance No. _____

APPLICANT INFORMATION

Applicant Name _____

I am the: Owner Employee Agent Other _____ Phone () _____

Applicant Mailing Address _____

Applicant Email _____

BUSINESS INFORMATION

(All Information is REQUIRED)

Business Name _____ Business Phone () _____

Business Address _____ Suite # _____

Describe business operation in detail _____

Number of employees _____

[Business operations must be in compliance as a Permitted Use per the City's zoning code. Visit Oxnard.org/zone-clearance-permits for more information.](http://Oxnard.org/zone-clearance-permits)

Zone _____ What is the Permitted Use per city zoning code? _____

Is there more than one business operating out of one suite/office? Yes No If Yes, list the businesses: _____

Will your business require outside storage? Yes No If yes, explain: _____

BUILDING INFORMATION

(All Information is REQUIRED. If not known, contact the property owner or property management for information requested in this section)

Business Type: Commercial Industrial Office Other _____

Type of Building: Single Tenant Multi-Tenant Other _____

What is the square footage of the building and/or your lease area? _____ (square feet)

Previous use of this building(s) _____

Date business closed _____

Have any of the following items been, or plan to be done, prior to the anticipated 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? (i.e. outlets, lights, switches, etc.) Yes No

Will any plumbing systems be added, altered, deleted or moved? (i.e. water, gas, sewer, fixtures, etc.) Yes No

Will any mechanical systems be added, altered, deleted or moved? (i.e. heating, air conditioning, fans, etc.).... Yes No

HAZARDOUS MATERIAL INFORMATION

If your business will handle, store, or generate hazardous materials/wastes you will need a Unified Program Facility Permit from the City of Oxnard, Fire/Certified Unified Program Agency (CUPA). A hazardous material/waste is any material that, because of its quantity, concentration, physical, or chemical characteristics, poses a significant present or potential hazard to human health or the environment. If a vendor has supplied a Material Safety Data Sheet (MSDS) for material, it is probably a hazardous material. Consider a material to be hazardous if it is flammable, combustible, corrosive, toxic, but are not limited to fuels (including gasoline), motor oil (new or used), propane, acetylene, oxygen, carbon dioxide, dry cleaning chemicals, paints, lead-acid batteries, fertilizers or pesticides. Call the City of Oxnard/Fire at (805)385-7722

Does your business handle, store, or use any of the above classifications? Yes No

NOTICE OF ADDITIONAL PERMITS

Approval of this permit does not eliminate the need for other permits, licenses, or certificates required (i.e. Health Permit, Hazardous Material Permit, Occupancy Permit, Tenant Improvement Permit, Temporary Use Permit (special event), Special Use Permit, Sign Permit, etc.)

Building Permits are required for all alterations to buildings, except movable, cases, counters and partitions not over 5'9" high. 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.

No outdoor business activity, storage or displays are permitted unless approved through a Special Use Permit or Temporary Use Permit. Banners, pennants, flags, and any other outdoor promotional displays are only permitted through a Temporary Use Permit. If you have any questions or wish to inquiry on any of the permits mentioned above, please contact the Planning Division at (805) 385-7858 or email planning@oxnard.org

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 Oxnard Zoning Regulations which apply to my business in this location. I agree to comply with these regulations and any other local, state, and federal regulations that may relate to this proposed business.

Applicant's Signature _____ **Date** _____

Property Owner/Management Company

Signature _____ **Date** _____

OFFICE USE ONLY

Planning Review _____ Date _____ Zone _____

Building Review _____ Date _____

Fire Approval _____ Date _____ Inspection Required? Yes No

CD Approval _____ Date _____ C/O Permit # _____

Planning Approval _____ Date _____ Rel. Permit # _____

Conditions/Remarks _____

Zone Clearance No _____

APPLICANT COPY · BUSINESS LICENSING COPY · CUPA/FIRE ADMIN · PLANNING COPY

City Of Oxnard Planning Division
214 South C Street Oxnard, CA 93030
805-385-7858 oxnard.org/planning