

**MUST APPLY IN PERSON**

FEE: \$115.50

(Fee effective September 24, 2018)



**ZONE CLEARANCE APPLICATION**

PLEASE TYPE OR FILL OUT LEGIBLY IN INK BY PRESSING FIRMLY. WE CANNOT CONSIDER THIS APPLICATION, UNLESS ALL INFORMATION IS PROVIDED AND ALL QUESTIONS ARE ANSWERED. THIS FORM MUST BE ACCOMPANIED WITH A BUSINESS TAX CERTIFICATE APPLICATION.

**APPLICANT INFORMATION**

Applicant Name \_\_\_\_\_  Owner  Employee  Agent  Other \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Business Address \_\_\_\_\_ Suite# \_\_\_\_\_

Describe business operation in detail \_\_\_\_\_

Total number of employees? \_\_\_\_\_ Is there more than one business operating out of one suite/office?  Yes  No

Will your business require outside storage?  Yes  No If yes, explain \_\_\_\_\_

**BUILDING INFORMATION**

Business Type (Check One)  Commercial  Industrial  Office  Other \_\_\_\_\_

Type of Building (Check One)  Single Tenant  Multi Tenant  Other \_\_\_\_\_

What is the square footage of the building and/or your lease area? \_\_\_\_\_ s.f.

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

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.

**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

**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).

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.

**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 \_\_\_\_\_

**OFFICE USE ONLY**

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Planning Review \_\_\_\_\_ Date \_\_\_\_\_ Zone \_\_\_\_\_ Rel. Pmt. \_\_\_\_\_

Dev Svs. Review \_\_\_\_\_ Date \_\_\_\_\_ Inspection Required  Yes  No

Dev Svs. Approval \_\_\_\_\_ Date \_\_\_\_\_ C/O Permit # \_\_\_\_\_

Planning Approval \_\_\_\_\_ Date \_\_\_\_\_ Zone Clearance No. \_\_\_\_\_

Conditions / Remarks \_\_\_\_\_

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