

ZONING CLEARANCE

OCCUPANCY PERMIT APPLICATION – **MUST BE SUBMITTED IN PERSON**
CITY OF WATSONVILLE – *Community Development Department*

250 Main Street
Watsonville CA 95076
(831) 768-3050 | (831) 728-6154 fax



PERMIT No.: _____ FEE: _____

GENERAL INFORMATION

BUSINESS NAME & DESCRIPTION _____

BUSINESS ADDRESS _____ PHONE _____

APPLICANT NAME _____ PHONE _____

APPLICANT ADDRESS _____

APPLICANT EMAIL _____

SITE INFORMATION

PREVIOUS BUSINESS/USE:

PROPOSED BUSINESS/USE:

FLOOR AREA

1st Floor _____

Additional Floors _____

Retail Sales Area _____

of Seats (if applicable) _____

ARE YOU PROPOSING CHANGES TO THE BUILDING?

Interior Remodel Yes

No

Exterior Remodel Yes

No

PARKING

Required Off Street Parking: _____

SIGNAGE

Watsonville Municipal Code Section 8-6.201 references sign permit requirements for all permanent signs affixed to building exteriors. A sign application must be approved prior to placement of signage on a building. Failure to comply is a violation and subject to citation.

PLEASE PROVIDE THE FOLLOWING:

- Site Plan, 8.5" X 11", showing all dimensions between structures, property lines, parking area, etc.
- Floor Plan, 8.5" X 11", indicating proposed and existing rooms, offices, walls, windows, etc.

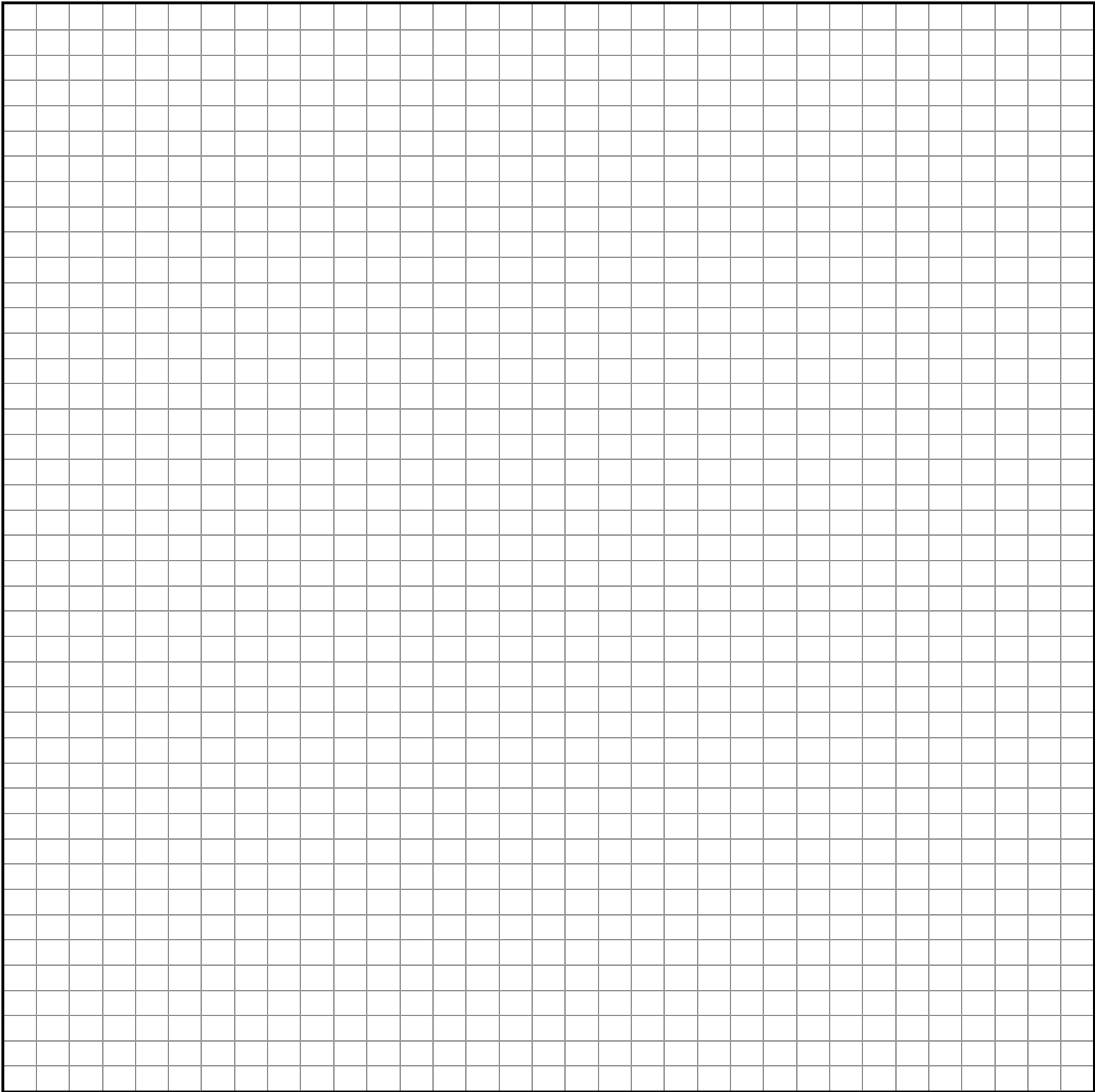
DECLARATION

I hereby declare under penalty of perjury that the information contained in this application is true and accurate to the best of my knowledge, that I agree to operate the described business in strict compliance with city zoning regulations, and that this application is being submitted with the consent of the property owner. I have no intentions of completing tenant improvements with the startup of this business and acknowledge that this form grants zoning clearance only and does not exempt me from fully complying with all other City requirements including but not limited to Building Permits, Fire Clearance etc.

Applicant's Signature

Date

SITE/FLOOR PLAN



Did you include:

Setbacks

Square Footage

Office Spaces/Walls

Windows

Parking

Any other changes?

STAFF USE ONLY

Upon completion to conform to this application, the proposed business may be issued a business license and is eligible to receive a Certificate of Occupancy Inspection from the Building Division. This business will comply with the provisions of Chapter 14 of the Watsonville Municipal Code with no significant environmental effect.

<p>BUILDING DIVISION</p> <p>APPROVED BY: _____</p> <p>DATE: _____</p> <p>CONDITIONS/COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> NO FURTHER ACTION REQUIRED</p> <p>BUILDING MODIFICATIONS OR REPAIRS? (Y/N): _____</p> <p>PREVIOUS OCCUPANCY: _____</p> <p>PROPOSED OCCUPANCY: _____</p> <p>IS USE CONSISTENT WITH THE BUILDING? (Y/N): _____</p> <p>IS THIS A CHANGE IN OCCUPANCY? (Y/N): _____</p> <p><input type="checkbox"/> LIFE SAFETY INSPECTION REQUIRED?</p> <p><input type="checkbox"/> PLANS REQUIRED?</p> <p><input type="checkbox"/> HOLD CLEARANCE FOR C OF O.</p>
<p>FIRE DIVISION</p> <p>APPROVED BY: _____</p> <p>DATE: _____</p> <p>CONDITIONS/COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> NO FURTHER ACTION REQUIRED</p> <p><input type="checkbox"/> FIRE OR HAZMAT PERMIT REQUIRED?</p> <p><input type="checkbox"/> FIRE INSPECTION REQUIRED?</p>
<p>SANTA CRUZ COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH</p> <p>APPROVED BY: _____</p> <p>DATE: _____</p>	<p>COUNTY HEALTH PERMIT REQUIRED? (Y/N): _____</p> <p><input type="checkbox"/> COUNTY HEALTH PERMIT PROVIDED</p>
<p>SOURCE CONTROL</p> <p>APPROVED BY: _____</p> <p>DATE: _____</p> <p>CONDITIONS/ COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> NO FURTHER ACTION REQUIRED</p> <p><input type="checkbox"/> SB 205 COMPLIANCE FORM PROVIDED</p> <p>SOURCE CONTROL INSPECTION REQUIRED? (Y/N): _____</p>

POLICE DEPARTMENT

APPROVED BY: _____

DATE: _____

COMMENTS/CONDITIONS: _____

- NO FURTHER ACTION REQUIRED
- PERMIT REQUIRED
- TRAVELING MERCHANT/SOLICITOR
- LIVE ENTERTAINMENT
- AMPLIFIED SOUND
- CARD ROOM
- FORTUNE-TELLING
- TOBACCO LICENSE

PLANNING DIVISION

APPROVED BY: _____

DATE: _____

CONDITIONS/COMMENTS: _____

- NEW BUSINESS/LOCATION
 - NAME CHANGE
 - OWNERSHIP CHANGE
 - SIGN PERMIT REQUIRED
 - OTHER: _____
- APN: _____
- ZONING DISTRICT: _____
- PRINCIPALLY PERMITTED USE (Y/N): _____