



Zoning Clearance Application

What is a Zoning Clearance? The purpose of a Zoning Clearance is to confirm that the proposed business/Land use is allowed by the Upland Municipal Code or applicable zoning document at the proposed location. This is not an approval or permit to occupy a building, or an indication that the property meets all applicable code requirements. Prior to entering into lease agreements, occupying, or making any improvements at the site, you should discuss your business with the Planning Division to be certain you can operate your business at the site.

Business Name:		Building/Unit Size (Sq-Ft):			
Business Address <i>include unit or suite:</i>		APN(S):	Is this a residential home?	<u>Yes</u> <input type="checkbox"/>	<u>No</u> <input type="checkbox"/>
Business/Operations Description: _____ _____					
Days/Hours of Operation:					
Exterior Improvements (Describe):					
Interior Improvements (Describe):					
Applicant Name:		Phone:			
Email:		Fax:			
Mailing Address:					

Please answer each of the questions listed below.

<u>Yes</u>	<u>No</u>	
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you assuming control of an existing business? If yes, what is the name of the current/previous business? _____.
<input type="checkbox"/>	<input type="checkbox"/>	2. Will the business operation include any work, use, or storage conducted outside of a wholly enclosed building? If yes, what? _____.
<input type="checkbox"/>	<input type="checkbox"/>	3. Will the building be used for education, instruction, daycare, or worship? If yes, how many square feet is the tenant space? _____ What is the maximum number of people anticipated at any given time, including staff and patrons? _____.
<input type="checkbox"/>	<input type="checkbox"/>	4. Will the business have an outdoor patio?
<input type="checkbox"/>	<input type="checkbox"/>	5. Will the business operation include the preparation of food or beverages?
<input type="checkbox"/>	<input type="checkbox"/>	6. If yes to #5, will the business be a restaurant? If yes, What is the size (square feet) and number of seats? _____.
<input type="checkbox"/>	<input type="checkbox"/>	7. Will the business operation include selling or serving alcoholic beverages? If yes, what type of ABC license? _____.
<input type="checkbox"/>	<input type="checkbox"/>	8. Will the business operation include entertainment, including, but not limited to, live performances (bands, soloists, DJ's, etc.), dancing, or other?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	9. Will the business include any type of adult entertainment such as adult bookstore, adult cabaret, adult model studio, adult hotel, escort agency, adult theater, adult video store, etc.?
<input type="checkbox"/>	<input type="checkbox"/>	10. Will the business operation include the sales or serving of tobacco products? If yes, what is the tobacco resale number? _____ What type of tobacco products will be sold? _____
<input type="checkbox"/>	<input type="checkbox"/>	11. If yes to #10, will there be consumption of tobacco products on site?
<input type="checkbox"/>	<input type="checkbox"/>	12. Will your business distribute medical/recreational marijuana as part of its services?
<input type="checkbox"/>	<input type="checkbox"/>	13. Is the business a State licensed facility? If yes, what type? _____
<input type="checkbox"/>	<input type="checkbox"/>	14. Will the business have any type of massage?
<input type="checkbox"/>	<input type="checkbox"/>	15. Have you done or will you be doing any building construction or alterations, or equipment installations related to the operation of the business? If yes are they interior, exterior, or both? _____.
<input type="checkbox"/>	<input type="checkbox"/>	16. If exterior improvements are proposed, what is the extent of the improvements? _____ _____.
<input type="checkbox"/>	<input type="checkbox"/>	17. Will there be any placement of new machinery, equipment, or storage units outdoors or on the roof?
<input type="checkbox"/>	<input type="checkbox"/>	18. Will the business operation include the use of storage racks; and/or the indoor floor/bulk storage of materials exceeding 12 feet in height; and/or tire, plastic, or flammable liquid storage over 6 feet in height?
<input type="checkbox"/>	<input type="checkbox"/>	19. Will the business store rolled paper, bundled cardboard, baled paper and/or cardboard, baled hay or straw, or similar products?
<input type="checkbox"/>	<input type="checkbox"/>	20. Will the business include indoor or outdoor lumber storage or wood working operations?
<input type="checkbox"/>	<input type="checkbox"/>	21. Will the business be discharging any waste other than domestic waste to the sewer system?
<input type="checkbox"/>	<input type="checkbox"/>	22. Is the on-site sewer system equipped with a clarifier or grease trap? If so, what size?_____.
<input type="checkbox"/>	<input type="checkbox"/>	23. Will the business operation include the washing of any equipment or vehicles?
<input type="checkbox"/>	<input type="checkbox"/>	24. Will the business operation include discharging any waste, waste water, or rinse water to the ground, street, or storm drain?
<input type="checkbox"/>	<input type="checkbox"/>	25. Will the business operation include the repair or maintenance of motor vehicles?
<input type="checkbox"/>	<input type="checkbox"/>	26. If yes to #25, will the business operation include any of the following: engine, brake, transmission, and drive train overhaul; body and fender repair; vehicle painting? _____.
<input type="checkbox"/>	<input type="checkbox"/>	27. Will the business operation store any vehicles or equipment indoors? If yes what kind and how many?_____ _____.
<input type="checkbox"/>	<input type="checkbox"/>	28. Do the business operations include the sale of motor vehicles?
<input type="checkbox"/>	<input type="checkbox"/>	29. Will the business operation include dispensing of gasoline, diesel, compressed natural gas, liquefied natural gas, liquefied petroleum gas (propane), or hydrogen gas?
<input type="checkbox"/>	<input type="checkbox"/>	30. Will the business operation include the use, processing, handling, storage, or discharge of chemicals, including hazardous chemicals and solvents?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	31. If yes to #30, will the business operation include the use, generation, processing, production, treatment, storage, emission, or discharge of hazardous materials in quantities totaling more than 55 gallons of liquids, 500 pounds of solids, or 200 cubic feet of a compressed gas, whether indoors or outdoors?
<input type="checkbox"/>	<input type="checkbox"/>	32. Will the business operation include the storage of more than 5 gallons of a flammable liquid of any type?
<input type="checkbox"/>	<input type="checkbox"/>	33. Will the business operation include the generation of hazardous wastes in quantities totaling more than 55 gallons of liquid, 500 pounds of solids, or 200 cubic feet of a compressed gas?
<input type="checkbox"/>	<input type="checkbox"/>	34. Will the business generate any hazardous waste or e-waste at this site?
<input type="checkbox"/>	<input type="checkbox"/>	35. Will the business include dry cleaning at the site?
<input type="checkbox"/>	<input type="checkbox"/>	36. Is the business considered a regulated SIC Code under SB 205? <i>If so, please demonstrate enrollment with the NPDES permit program by providing the following: WDID number, WDID application number, NONA number, or NEC number:</i> _____ <i>To find the list of regulated SIC Codes please refer to https://www.waterboards.ca.gov/water_issues/programs/stormwater/sic.shtml</i>
<input type="checkbox"/>	<input type="checkbox"/>	37. Will the business operation include sanding, cutting, or shaping of wood, metal, plastic, paper, or other products producing combustible dust or fibers?
<input type="checkbox"/>	<input type="checkbox"/>	38. Does the building have a dust collection system?
<input type="checkbox"/>	<input type="checkbox"/>	39. If no to #38, will one be installed?
<input type="checkbox"/>	<input type="checkbox"/>	40. Will operation include spraying/dipping of flammable finishes (paint, varnish, etc)?
<input type="checkbox"/>	<input type="checkbox"/>	41. Will the business operation include powder coating?
<input type="checkbox"/>	<input type="checkbox"/>	42. Will the business operation include the manufacturing of reinforced plastics using resins?
<input type="checkbox"/>	<input type="checkbox"/>	43. Will the business operation utilize any type of industrial oven or heating/melting equipment?
<input type="checkbox"/>	<input type="checkbox"/>	44. Will the business operation include the use or storage of an acetylene torch, arc welding or cutting, brazing or soldering, hot mop roofing, torch applied roofing, or any other type of hot work?
<input type="checkbox"/>	<input type="checkbox"/>	45. Will the business store, use, handle, or manufacture any type of explosive?

DECLARATION

I hereby certify and say, under penalty of perjury, that I am the applicant in the foregoing application for _____(Business Name) to be located at _____(Business Location/Address), that I have read this Zoning Clearance Application and know the content thereof, and that the herein stated information and all attachments hereto, are true and correct to the best of my knowledge and belief. As the applicant, I acknowledge that if I receive a zoning clearance, it will be only for the business and/or project that is described within this application and a that I will be responsible for obtaining any necessary approvals or permits from the City of Upland prior to the start of business operations.

Signature: _____ Date: _____

By typing your name in the above box, you agree and accept to use a typed signature for the electronic submittal of your Zoning Clearance Application.