



ZONING COMPLIANCE FACT SHEET

APPLICANT NAME AND MAILING ADDRESS		PHONE
BUSINESS NAME	PROPOSED BUSINESS ADDRESS	
BUILDING OWNER NAME AND ADDRESS		PHONE
SIGNATURE (BUILDING OWNER)		

The information requested will be used to determine if a proposed use complies with the zoning or use permit. Planning Division approval does not waive building code requirements, which must be satisfied prior to occupancy. This application will be forwarded to the Contra Costa Water District to determine if a water connection upgrade is required. **For additional information please contact Shawn Kelly of the Contra Costa Water District at (925) 688-8017.**

Describe your business operation in detail (attach additional sheets if necessary):

Information pertaining to occupancy load and parking requirements:

1. Total number of people employed at site, including managers and owners: _____
2. Days and Hours of operation: _____
3. Maximum number of people in any working shift: _____
4. For uses open to the public, such as restaurants, bars or classrooms, state the maximum seating capacity: _____
5. Total square footage of building: _____ Total square footage occupied by your business: _____
6. How much square footage is dedicated to?
 Retail _____ Office _____ Manufacturing _____
 Public assembly areas _____ Storage _____ Other _____
7. Total number of parking spaces: _____ Total number of parking spaces allocated for your business: _____
8. How many company-owned vehicles will be parked on the site (not including employees' personal cars)? _____

Building and site utilization: (Explain "YES" answers on a separate sheet and attach to this form.)

1. Will any equipment be operating 24 hours a day, such as a compressor? YES NO
2. Will business involve retail sales to:..... General public Other companies
3. Will business provide service or repair for: General public Other companies
4. Will business involve retail sales of alcoholic beverages?..... YES NO
5. Will the new use change the building's Occupancy Group? If yes, contact the Building Division..... YES NO
6. Will business sell or distribute medical marijuana?..... YES NO
7. Will there be any outside storage of goods or materials? YES NO
8. Will there be any additional outdoor trash collection areas? YES NO
9. Will radio or electronic transmissions of any kind emanate from the site? YES NO
10. Will new outdoor lights be installed? YES NO
11. Will the business require a sign? If yes, a permit is required YES NO
12. Do your business operations involve any kind of painting? YES NO
13. Will explosives, flammable material or volatile liquid be stored? YES NO
14. Will building be used for motor vehicle storage or repair? YES NO

Zoning Compliance Fact Sheet - cont'd

FOR PLANNING DIVISION USE ONLY

APPLICANT		FILE NUMBER
ZONING CLASSIFICATION	DATE RECEIVED	PARCEL NUMBER
PLANNING STAFF COMMENTS:		
RECEIVED BY		DATE