

DEPARTMENT OF RESOURCE MANAGEMENT

TERRY SCHMIDTBAUER
Director

ALLAN CALDER
Planning Services Manager



SOLANO COUNTY

675 Texas Street, Suite 5500
Fairfield, CA 94533-6342
(707) 784-6765
Fax (707) 784-4805

www.solanocounty.com

Planning Services Division

Business License Zoning Clearance Application

A Business License Zoning Clearance issued by the Planning Services Division is required before a new Business License application can be accepted by the Department of Resource Management. Upon submission of a Business License Zoning Clearance Application Planning Services staff will evaluate the proposed business activity for consistency with zoning regulations and inform you of any additional permit requirements.

To apply for a Business License Zoning Clearance, please provide the following information.

1. **Complete the “Application for Business License Zoning Clearance” form.** Complete and accurate information will help avoid delays in processing your application. Please include details such as:
 - a. The type of products and/or services provided;
 - b. The number of employees;
 - c. The area within residence, garage or other buildings devoted to business use;
 - d. The number of vehicles and trailers used for the business;
 - e. The number of customers and/or deliveries per day; and
 - f. The address of any additional locations of the business.
2. **Provide a site plan drawn to scale,** showing the entire legal parcel. Indicate on the plan all property boundaries, existing and proposed structures (include type of structure and its size), and any easements. In addition, indicate distances from all existing and proposed buildings to property lines, other onsite buildings, septic systems, water wells, etc.
3. **Send the completed application to:**
Department of Resource Management
Attn: Planning Division
675 Texas St., Suite 5500
Fairfield CA 94533
4. **Contact Planning Services at (707) 784-6765** to schedule a site inspection between the hours of 8:30 am and 4:00 pm. This will normally take 10-15 minutes. An additional inspection may be necessary upon application for a Business License.

This page intentionally left blank

Application for Business License Zoning Clearance

FOR OFFICE USE ONLY		
Application No: _____	Date Filed: _____	Plnr: _____

Proposed Business Name: _____

Subject Site Information

Site Address: _____ City: _____ State: _____ Zip: _____

Assessor's Parcel Number (s): _____ Size (sq. ft/acre): _____

Preferred Property Access by Staff: OK to access Call applicant before access Call owner before access

Contact Information

Property Owner Name: _____

Contact Name: _____ Phone: _____

Email: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Architect/Engineer/Land Surveyor Company Name: _____

Contact Name: _____ Phone: _____

Email: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Applicant/Company Name: _____

Contact Name: _____ Phone: _____

Email: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Other Contacts:

Contact Name: _____ Phone: _____

Email: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

3 Business Specific Details

1. List all associated applications (i.e. Business License, Building Permit, Land Use Permit, etc):

Permit Type	Permit Number	Description	Building Occupancy Type (Residence, Accessory structure, Commercial Structure, Etc)

2. List the square footage of business area located within each of the following:

Type of Structure	Square Feet (Also show on site plan)
Primary Residence	
Secondary Residence	
Garage (specify if attached or detached)	
Accessory structure (Barn, shop, storage building, shed, etc)	
Indoor Retail or Office space	
Outdoor Storage	
Commercial or Manufacturing covered or enclosed space	
Other (please specify):	

3. List the type, number and parking location of vehicles associated with the business

Type	Number	Parking Location
Cars and trucks up to 1 ton capacity		
Trucks over 1 ton capacity		
Trailers		
Farm or construction equipment		
Other:		

4. List the number of employees

Resident family members	
Non-resident employees	

5. Proposed hours of operation:

Sunday		to	
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	

6. Will customers or clients come on site? Yes _____ No _____

6a. If Yes, describe how many customers will come per day, how many customer vehicles per day, and where will customers park.

6b. List the total number of off street parking spaces (also show on site plan): _____

7. Will there be on-site storage of goods, inventory, products and/or equipment: Yes _____ No _____

7a. If yes to above, please describe the type and storage location, and indicate on site plan.

7b. For inventory stored on site, specify where inventory will be manufactured (on site or elsewhere), and how inventory will be sold (on site sales, off site sales and/or internet sales)

8. Will any signs be associated with the business? Yes _____ No _____

8a. If yes to above, please describe the size, number and type of signs, and include a photo or sketch of the sign(s) and proposed or existing location.

By signing below, I declare that all of the above information is true and correct. I understand and agree that the Business License Zoning Clearance may be revoked if false or incomplete information is provided on this application.

Business Owner/Operator Signature: _____ Date: _____