



Development Services Department

NEW BUSINESS REVIEW / TENANT IMPROVEMENT

DEPOSIT	\$255.00*
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*This is not the business license, contact Business License at x.2359 for the license and applicable fees

PROCESSING COSTS: The City operates on the basis of full cost recovery for the processing of planning projects. Deposits made at the time of application are projected to be sufficient for the processing of applications, however, additional deposits may be required to cover the costs for review of projects. If at any time deposits are insufficient to cover projected costs, processing of the project will be stopped until sufficient additional funds are deposited with the City. Lack of sufficient funds on deposit will suspend any required processing time frames.

Applicant/Contact Person: _____ Company: _____

Telephone No. (____) _____ Fax No. (____) _____ E-mail: _____

Mailing Address: _____
STREET CITY STATE ZIP

Owner /Contact Person: _____ Company: _____

Telephone No. (____) _____ Fax No. (____) _____ E-mail: _____

Mailing Address: _____
STREET CITY STATE ZIP

Business/Project Address: _____ Acreage (if applicable): _____

Assessor's Parcel No(s): _____

Complete Project Description/Reason for Request: If necessary, attach a detailed description to explain all proposed uses for this property or project.

To determine parking requirements for your project, please list all proposed uses associated with your project and the amount of square feet dedicated to each use.

Proposed Use: _____ Square Feet: _____

Proposed Use: _____ Square Feet: _____

Proposed Use: _____ Square Feet: _____

HAZARDOUS WASTE SITE CERTIFICATION

(Required pursuant to Section §65962.5 (f) of the California Government Code)

The applicant/owner hereby certifies that they have consulted the list of hazardous waste sites for the City of Adelanto, dated _____ (**must be filled in**), and the project **is/is not** (**circle one**) located on a site included on the list of hazardous waste sites for the City of Adelanto.

Air Quality/Hazardous Materials Certification: (Required pursuant to Section §65850.2 of the California Government Code)

1. The applicant/owner hereby certifies that the project **will/will not** (**circle one**) need to comply with the requirements for a permit for construction or modification from the Mojave Desert Air Quality Management District, 14306 Park Avenue, Victorville, CA 92392, (760) 245-1661.
2. The applicant/owner hereby certifies that the project **will/will not** (**circle one**) have more than a threshold quantity of a regulated substance, or will contain a source or modified source of hazardous air emissions. Please attach a list of any regulated substances and quantities anticipated, if applicable. (Note: Any quantity of hazardous waste or handling or storage of any quantity of acutely hazardous materials requires filing of a Management Plan and a permit from County Environmental Health Services. A Management Plan and permit is also required for other hazardous materials if more than the threshold quantities are present, which are typically either 55 gallons of liquid, 200 cubic feet of pressurized gases, or a weight of 500 pounds.)
3. Describe any use, storage, or discharge of hazardous and/or toxic materials in the known history of this property. Please list the materials and dates, if known.
4. The project **is/is not** (**circle one**) located within one-quarter (1/4) mile of a school.

NOTE: Plan review, permits, and inspections are also required from Engineering and Building and Safety prior to occupancy of the proposed project or business license.

Please initial the following information indicating your understanding of them:

_____ This application is for Planning Department Approval ONLY. Other department approval is required; please inquire with the Business License Department for separate approvals.

_____ Planning Department review for the Business License will take approximately one (1) to two (2) weeks, however it may take longer to process.

_____ A site plan and/or current pictures of the site may be required.

_____ Signage requires a separate application through the Planning Department for review and approval.

_____ I understand the information regarding deposits for processing costs.

Certification: I hereby certify that I understand the information regarding deposits for processing costs, information, and requirements referenced in this application and that the information furnished above and in any attached exhibits is true and correct. The property owner further certifies that they are the legal owner of the property and consent to the application.

Applicant's Signature Date

Property Owner's signature Date

Applicant's Printed Name

Property Owner's Printed Name

For Office Use Only

General Plan _____ Zoning _____ Permitted Use/Conditional Use _____

Specific Plan Designation (if applicable) _____ Consistent _____

Associated Case(s): _____

Setbacks: Required: Front _____ Side _____ Rear _____

Provided: Front _____ Side _____ Rear _____

Additional Parking Spaces Required _____ Provided _____ Paved Access _____

Architectural Compatibility: Roofing Material _____ Eaves _____ Colors _____

Compatible to Existing Buildings on Site _____

Compatible to Surrounding Properties _____

Environmental Considerations: CEQA Exemption _____

If the project is not exempt, an Initial Study or Environmental Impact Report will be required to identify potentially significant impacts

Additional Comments/Conditions:

This project has been:

APPROVED

DENIED

By _____
Signature

Printed Name

TITLE: _____

DATE _____