



Development Services Department

ZONING CLEARANCE/INSPECTION APPLICATION - TENANT IMPROVEMENT

Table with 2 columns: DEPOSIT, \$255.00\*

\*This is not the business license, contact Business License at 760-298-5461 for the license and applicable fees

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:

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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

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**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 \_\_\_\_\_

Additional Comments/Conditions:  
\_\_\_\_\_  
\_\_\_\_\_

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This project has been:

**APPROVED**

**DENIED**

By \_\_\_\_\_

**Signature**

\_\_\_\_\_

**Printed Name**

TITLE: \_\_\_\_\_

DATE \_\_\_\_\_