



# CITY OF RIDGECREST

## ZONING CLEARANCE – OCCUPANCY REVIEW FORM

Planning Division  
100 W. California Ave.  
Ridgecrest, CA 93555  
(760) 499-5063  
hspurlock@ridgecrest-ca.gov

Case No.: \_\_\_\_\_

Date: \_\_\_\_\_

Fee: \_\_\_\_\_\$75\_\_\_\_\_

### SUBMITTAL REQUIREMENTS

1. Completed application
2. Signed property owner authorization (if the applicant is not the owner of record)
3. Occupancy Review Supplemental Questionnaire

Project Location (Address if Available): \_\_\_\_\_

Suite/Unit Number: \_\_\_\_\_

Assessor's Parcel Number(s): \_\_\_\_\_

Project Description: \_\_\_\_\_

<b>APPLICANT</b>		
Name(s): _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email: _____	
<b>CONTACT PERSON</b>		
Name(s): _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email: _____	
<b>PROPERTY OWNER</b>		
Name(s): _____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email: _____	

**PROPERTY OWNER AND AUTHORIZED APPLICANT CERTIFICATIONS**

I certify that I am presently the legal property owner of the above property. I, the undersigned owner (and, when applicable, the authorized agent acting on behalf of the owner) of the property herein described, hereby make application for approval of the plans submitted and made part of this application in accordance with the provisions of the City of Ridgecrest ordinances. I understand that during review of the project, additional permits and/or actions may be required. I hereby certify that the information given is true and correct to the best of my knowledge and belief.

I acknowledge that plan sets may be reproduced and distributed to City representatives and members of the public for project review purposes only.

I grant permission to the City to conduct site visits necessary to investigate the proposed project.

\_\_\_\_\_  
PROPERTY OWNER SIGNATURE

\_\_\_\_\_  
PROPERTY OWNER NAME (PRINT)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
APPLICANT NAME (PRINT)

\_\_\_\_\_  
DATE



# CITY OF RIDGECREST

## OCCUPANCY REVIEW SUPPLEMENTAL QUESTIONNAIRE

### BUSINESS INFORMATION:

Name of Business: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Suite/Unit Number: \_\_\_\_\_  
 Detailed Description of Business: \_\_\_\_\_

New business: Yes  / No  If 'no', please explain request for change below:  
 \_\_\_\_\_

Square footage of building/suite: \_\_\_\_\_ Number of parking spaces available: \_\_\_\_\_  
 Prior use of building/suite: \_\_\_\_\_ Is parking paved & striped? Yes  / No

<b>BUSINESS OPERATIONAL INFORMATION-</b> please check either Yes (Y) or No (N) for each question		
	Y	N
Will any portion of the use be conducted outside of an enclosed building?		
Does any use involve any public assembly?		
Are any building alterations or additions proposed?		
Does the use involve:		
Welding or open flame operation?		
Flammable liquids (storage, handling, etc.)?		
Dust producing operation (woodworking, etc.)?		
Plastic (storage, handling, use)?		
Compressed Gas (storage, handling, use)?		
High Piled Combustible Storage (over 8')?		
Tire Storage (over 6')?		
Vehicle repair or maintenance facilities?		
Storage of vehicles?		
Outdoor storage of equipment or materials?		

Provide an explanation for any "Yes" answers: \_\_\_\_\_

\_\_\_\_\_

**BUSINESS CLASSIFICATION-** please indicate if any of the following products or services are being provided by your business

	Retail Sales & Service		Mobile Home Space Rentals		Licensed Contractor
	Professionals		Commercial Rentals		Non-Licensed Contractor, Handyman
	Manufacturing, Hospitals, Utilities, & Automotive Salvage		Pool tables, Bowling Alleys		Adult entertainment
	Vending, Laundromats, Coin Operated Machines, Car Washes		Card Rooms		Bingo Games (Charitable sponsor)
	Wholesale Deliveries, Set Route Services		Billboards/Outdoor Advertising		Swap Meets, Craft Exhibitions, Flea Markets
	Catering from Vehicle		Carnivals, Circuses		Residential Rentals
	Itinerant Merchant, Solicitor, Theaters, Junk Dealers		Shoe Shining		

I certify that the above information is true and accurate to the best of my knowledge

\_\_\_\_\_

Business Owner Signature

\_\_\_\_\_

Date

FOR OFFICIAL USE ONLY

**PLANNING DIVISION**

Zoning: \_\_\_\_\_ APN: \_\_\_\_\_ New Use? Yes  No

Is use allowed?  No  Yes with SPR/CUP Existing SPR/CUP # \_\_\_\_\_

Requirement for Site Plan Review  Yes  No

Does the use meet applicable Zoning Ordinance requirements?  Yes  No

Does the use comply with terms & conditions of existing entitlements?  Yes  No

Is the use consistent with the General Plan?  Yes  No

Is a Business License required?  Yes  No

USE PERMITTED – Use permitted subject to compliance with a Building Codes, Municipal Codes, and issuance of a Business License.

USE DENIED

Comments \_\_\_\_\_

\_\_\_\_\_  
Name Signature Date

**BUILDING AND SAFETY DIVISION**

Change of occupancy, applicant must submit detailed plans showing compliance with all current code requirement for \_\_\_\_\_ occupancy.

Need further clarification of proposed use. Submit fully dimensioned plans showing existing conditions, all alterations, and proposed uses of all areas. (Minimum plans required, floor plan, and site plan.)

Occupancy inspection permit application must be completed, occupancy permit fees paid, and all corrections compiled with prior to approval and occupancy.

Continuing use of existing building. No additional requirements.

**Gas \_\_\_ Electric \_\_\_ Water \_\_\_ service has been disconnected. A safety inspection is required.**

Other Comments: \_\_\_\_\_

Requirements discussed at counter.  Requirements discussed by phone.

\_\_\_\_\_  
Name Signature Date

**PUBLIC WORKS DIVISION**

Does facility have an existing GRD/grease interceptor?  Yes  No

Is a grease removal device required? Yes No

Comments: \_\_\_\_\_

\_\_\_\_\_  
Name Signature Date