



ZONING CLEARANCE FOR BUSINESS LICENSE APPLICATION

Community Development • Planning & Building
2263 Santa Clara Ave., Rm. 190
Alameda, CA 94501-4477
alamedaca.gov

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Hours: 7:30 a.m.–3:30 p.m., M–Th

This Zoning Clearance is required for all new businesses and existing businesses that are relocating to a new location within Alameda. The purpose of this process is to certify that proposed business activities will be in compliance with the City’s land use and zoning regulations. Issuance of this Zoning Clearance by the Community Development Department is required before the Finance Department can issue a Business License.

Business Street Address: _____

Applicant Information

Name: _____

Home Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Business Name: _____

Type of Business:

Description of activities:

Office

Retail

Industrial/Manufacturing

Service

Proposed hours of operation: _____ Number of Employees: _____

- 1. Will the business be conducted within a home or apartment?
(If Yes, a Home Occupation Permit is required.) No Yes
- 2. Will the business be an office use with street frontage on the ground floor?
(If Yes, a Use Permit may be required.) No Yes
- 3. Will the business require any new or modified signs?
(If Yes, a Sign Permit is required.) No Yes
- 4. Will the business require any exterior changes to the building?
(If Yes, Design Review is required.) No Yes
- 5. Will the business require conversion of residential or expansion of floor area within the building?
(If Yes, additional parking spaces may be required.) No Yes
- 6. Will any aspect of the business be conducted outdoors, including sales, storage, services, or seating?
(If Yes, a Use Permit is required.) No Yes
- 7. Will the business activity involve manufacturing and/or the use of hazardous materials?
(If Yes, a Use Permit is required.) No Yes
- 8. Will the business involve bodywork?
e.g., massage, acupuncture, nails, hair dresser, etc.?
(If Yes, a City Massage License and/or Use Permit may be required.) No Yes

FOR OFFICE USE ONLY

General Plan Designation: _____ Zoning District: _____

- Business is in compliance with zoning
- Home Occupation Permit required at this location
 - Approved; H.O. Permit #: _____ Date: _____
- Use Permit required for the business at this location
 - Approved; Use Permit #: _____ Date: _____
- Business is not in compliance with zoning

Staff Planner: _____

Date: _____