



Zoning Clearance for Business License Application

CITY OF ALAMEDA - PERMIT CENTER
2263 SANTA CLARA AVENUE, ROOM 190
ALAMEDA CA 94501
510-747-6800 ph 510-747-6804 fax

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 Planning and Building 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: _____

Business Name: _____

Type of Business:

Office

Retail

Industrial/Manufacturing

Service

Description of activities:

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 |

Department 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: _____