



ZONING INFORMATION FORM

Community Development Department
 Planning Division
 10890 San Pablo Avenue, El Cerrito, CA 94530
 (510) 215-4330 – FAX (510) 233-5401
 planning@ci.el-cerrito.ca.us

Application No:	
Date Received:	

This Zoning Information Form is required for all new businesses or existing businesses that are relocating to a new location in El Cerrito. The purpose of this process is to certify that the proposed business activities are in compliance with the City of El Cerrito's Zoning Ordinance (Title 19, ECMC).

Acceptance of this form is required before the Finance Department can issue a Business License.

Name of Business: _____

Business Address: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

Applicant's Phone: _____

Property Owner's Name: _____

Property Owner's Mailing Address: _____

Property Owner's Phone: _____

Floor area of building or tenant space that business will occupy: _____ **sq. ft.**

Description of business activities (attach separate sheet if necessary):

Type of Business:	<input type="checkbox"/> Office	<input type="checkbox"/> Personal Service	<input type="checkbox"/> Industrial	Number of Employees:
	<input type="checkbox"/> Retail	<input type="checkbox"/> Lodging	<input type="checkbox"/> Utility	
	<input type="checkbox"/> Food Service	<input type="checkbox"/> School	<input type="checkbox"/> Other _____	

1	Will the business be conducted in a dwelling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Will the business require new or modified signs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Will the business require exterior changes to the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Will the business include the storage or use of hazardous materials (e.g., explosive, flammable, or volatile liquids)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Will any aspect of the business be conducted outside of the building (e.g., sales, storage, seating)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Will the business include sale of alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Will the business include sale of tobacco-related products? (e.g., cigarettes, e-cigarettes, cigars, pipes, hookah)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Will the business include sale of medical marijuana?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Will the business include the sale of adult merchandise (as defined by El Cerrito Municipal Code Section 19.20.023)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Will the business include live entertainment (e.g., live bands, karaoke)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that my answers to the foregoing questions are accurate and correct and that the business described above will operate as described on this form.

Signature: _____ **Date:** _____

Planning Department Staff Use

Zoning district: _____

Use classification of proposed business: _____

Proposed use is:

- Permitted
- Permitted subject to limitations: _____

- Conditionally permitted with AUP
- Conditionally permitted with CUP
- Prohibited

Or:

- There is an existing conditional use permit for this use
- The use is existing legal nonconforming and may be continued, consistent with the regulations of Chapter 19.27 of the Zoning Ordinance.

Notes:

Staff signature: _____

Date: _____