



ZONING / BUILDING CLEARANCE FOR BUSINESS LICENSE APPLICATION

To Be Completed by Any New Business within the City limits (except "out of City" contractors) / Change of Business Location / Business Change of Ownership / Home Occupation

**CITY OF SOUTH LAKE TAHOE – 1052 Tata Ln., South Lake Tahoe, CA 96150
PERMIT CENTER 530-542-6010**

Your business license will NOT be processed until your business location has been approved by this Zoning/Building Clearance Application

Location of Business: _____ **Suite/Space No.** _____

Is this a: New Business / Change of Business Location / Change of Ownership / Home Occupation*

**A business operated from a residence within the city limits may require a home occupation permit*

Name of Business: _____

Business Owner's Name (Print) _____

Contact Person: _____ **Title:** _____

Phone No.: _____ **Mailing Address:** _____

Description of Business – please be specific: _____

Description of Exterior Renovations to Location: _____

Description of Interior Renovations to Location: _____

Proposed Signs: Freestanding: Yes / No Building: Yes / No

Is your business located in a: multi-business complex / stand-alone business

Tenant Floor space occupied by your business: _____ sq. ft.

Name of Previous Business in Location: _____

Description of Previous Business: _____

All new businesses must contact the Permit Center prior to opening a new business

**** NEW TENANTS MUST COMPLY WITH READILY ACHIEVABLE AMERICAN DISABILITIES ACT ISSUES ****

Exterior changes to a building require a Planning Division design review. Please contact the Permit Center at 530-542-6010 for design review or zoning enforcement issues.

By signing below you are certifying that the above information is correct and you understand that this approval only applies to the address noted above. If you move from this location, you will need to complete a new "Zoning Clearance for Business License Application".

Business Owner's Signature: _____ **Date:** _____

PLANNING / BUILDING STAFF USE ONLY

ZONING INFORMATION

Location of Business: _____ **Suite / Space No.** _____

Plan Area/Community Plan Area: _____

Permissible Use in this location: Yes / No **Requires Special Use Permit:** Yes / No

Stormwater Inspection Applicable: Commercial: (Restaurant / Automotive Service / Gas Station) **Industrial**

Planning Approval by: _____ **Date:** _____

Building Approval by: _____ **Date:** _____

Additional Comments: _____

CHANGE OF OPERATION

Previous Use: _____

Proposed Use: _____

Change of Operation: Yes / No