



ZONING CLEARANCE

City of Solvang

Planning & Building Department

411 Second Street | Solvang, CA 93463 | (805) 688-5575 | www.cityofsolvang.com

To ensure that your business and/or business location are compliant with the City of Solvang's Municipal Code (Title 11), the Planning & Department must review and sign off below with any comments or limitations concurrent with your Business Certificate Application. If you have any questions, contact us at (805) 688-5575x220 or email at planningdept@cityofsolvang.com

Select One: New Business New Owner Relocation Home Occupation

BUSINESS INFORMATION	
BUSINESS NAME:	
BUSINESS ADDRESS:	
IS BUSINESS PHYSICALLY LOCATED IN THE CITY: <input type="checkbox"/> YES <input type="checkbox"/> NO (<u>FORM Not Required</u>)	
DETAILED BUSINESS DESCRIPTION:	
COMMERCIAL SQ. FT.	NUMBER OF PARKING SPACES:
HOURS OF OPERATION	ESTIMATED NUMBER OF EMPLOYEES
DO YOU INTEND TO COMPLETE A COMMERCIAL TENANT IMPROVEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PRIMARY CONTACT INFORMATION	
NAME:	
PHONE:	EMAIL:

CERTIFICATION AND ACKNOWLEDGEMENT	
I declare, under the penalty of making a false declaration, that I am authorized to complete this form, and to the best of my knowledge and belief, it is true, correct, and complete statement made in good faith.	
NAME OF BUSINESS OWNER/REPRESENTATIVE: _____	
SIGNATURE: _____	DATE: _____

PLANNING & BUILDING STAFF USE ONLY	
USE CLASSIFICATION:	
ZONING DISTRICT:	APN:
NACIS:	SIC:
<input type="checkbox"/> PERMITTED <input type="checkbox"/> CUP _____	NOTES:
<input type="checkbox"/> HOME OCCUPATION PERMITTED	
<input type="checkbox"/> DENIED: _____	
Initials: _____	Date: _____