



CITY OF PALMDALE

Planning Division
Development Services Building
38250 Sierra Highway
Palmdale, CA 93550
(661) 267-5200
planningdiv@cityofpalmdale.org

STANDARD APPLICATION

We highly recommend that you create an Accela Citizen's Access (ACA) account at [Accela Link](#) before submitting this application, to allow for quicker fee payment and processing.

Please place a check mark next to the entitlement being requested:

- | | | |
|--|---|---|
| <input type="checkbox"/> Additional Animal Clearance | <input type="checkbox"/> Modification | <input type="checkbox"/> Specific Plan |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Occupancy Review (Home/Commercial) | <input type="checkbox"/> Subdivision Development Plan |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Pre-Application | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Planned Development | <input type="checkbox"/> Tentative Map |
| <input type="checkbox"/> Deferred Completion Agreement | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Time Extension |
| <input type="checkbox"/> Density Bonus Agreement | <input type="checkbox"/> Request for Reasonable Accommodation | <input type="checkbox"/> Variance/Minor Exception |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Sign Permit | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Sign Program | <input type="checkbox"/> Zoning Clearance |
| <input type="checkbox"/> Minor Site Plan Review | <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Zoning Ordinance Amendment |
| <input type="checkbox"/> Minor Use Permit | <input type="checkbox"/> Special Event Permit | <input type="checkbox"/> Zoning Verification Letter |

Project Address: _____

Assessor Parcel Number(s) (APN): _____ **Existing Zone:** _____

Property Owner's Name: _____

Project Proposal: _____

Primary Point of Contact: Applicant Engineer Architect

Applicant's Name: _____

Applicant's Address: _____

Phone: _____ **Email:** _____

Engineer/Architect: _____

Engineer/Architect's Address: _____

Phone: _____ **Email:** _____

I certify that the foregoing statements and information are true and that any submittal material, statements or plan designs are correct to the best of my knowledge. I acknowledge and accept the following statements regarding the processing and review of applications by the City staff, Planning Commission and City Council:

Applicant's Signature: _____ **Date:** _____

Print Name: _____

FOR PLANNING USE ONLY

Date Received: _____ **By:** _____

Case No: _____ **Related Case No:** _____



OCCUPANCY REVIEW SUPPLEMENTAL QUESTIONNAIRE

Business Information

Name of Business: _____

Street Address: _____

Suite/Unit Number: _____ Zip Code: _____

Detailed Description of Business: _____

New business: Yes / No If 'no', please explain request for change below:

Square footage of building/suite: _____ Number of parking spaces available: _____

Prior use of building/suite: _____ Is parking paved & striped? Yes / No

Business Operational Information – please check either Yes (Y) or No (N) for each question.		
	Y	N
Will any portion of the use be conducted outside of an enclosed building?		
Does the use involve any public assembly?		
Are any building alterations or additions proposed?		
Does the use Involve:		
Welding or open flame operation?		
Flammable liquids (storage, handling, etc.)?		
Dust producing operation (woodworking, etc.)?		
Plastic (storage, handling, use)?		
Compressed Gas (storage, handling, use)?		
High Piled Combustible Storage (over 8')?		
Tire Storage (over 6')		
Vehicle repair or maintenance facilities?		
Storage of vehicles?		
Outdoor storage of equipment or materials?		

Provide an explanation for any "Yes" answers: _____



Alcohol Sales

If your business involves on-sale or off-sale sales of alcoholic beverages, please complete the following information, pursuant to City of Palmdale Ordinance No. 1262. A Conditional Use Permit may be required in conjunction with a request for alcohol sales. Contact the City of Palmdale Planning Division (661) 267-5200 for a copy of the Ordinance, or for further information regarding the sale of alcoholic beverages.

Is this an alcohol sales use? Yes / No

Do you currently have an ABC license? Yes / No

License Type: _____ License Number: _____

Date issued: _____

What is the gross floor area designated for alcohol sales (include sale, display, storage, bar, seating, dance floor, and billiards area)? _____

Business Permit Information – please indicate if any of the following products or services are being provided by your business.					
<input type="checkbox"/>	Adult Merchandise	<input type="checkbox"/>	Gun Dealer	<input type="checkbox"/>	Private Patrol
<input type="checkbox"/>	Ambulance	<input type="checkbox"/>	Health Club	<input type="checkbox"/>	Skateboard Center
<input type="checkbox"/>	Billiards	<input type="checkbox"/>	House/Street Numbering	<input type="checkbox"/>	Skating Rink
<input type="checkbox"/>	Carnivals/Concessions	<input type="checkbox"/>	Hypnotist	<input type="checkbox"/>	Swamp Meet
<input type="checkbox"/>	Dancing	<input type="checkbox"/>	Locksmith	<input type="checkbox"/>	Taxicab
<input type="checkbox"/>	Entertainment	<input type="checkbox"/>	Massage	<input type="checkbox"/>	Tabacco/Smoking Products
<input type="checkbox"/>	Escort Bureau	<input type="checkbox"/>	Motion Picture Theater	<input type="checkbox"/>	Tow Truck
<input type="checkbox"/>	Fortunetelling	<input type="checkbox"/>	Pawnbroker	<input type="checkbox"/>	
<input type="checkbox"/>	Game Arcades	<input type="checkbox"/>	Buying or selling Secondhand Goods	<input type="checkbox"/>	

I certify that the information above is true and accurate to the best of my knowledge

Business Owner Signature _____
Date

PUBLIC SAFETY

CPTED (Crime Prevention Through Environmental Design) inspection required? Yes No

Security Plan required: Yes No

Other comments: _____

Requirements discussed at counter Requirements discussed by phone

PUBLIC SAFETY REVIEW

Name

Signature

Date