



COMMERCIAL BUSINESS PERMIT APPLICATION

PROJECT NO:		DATE:	
RECEIPT NO:		REC BY:	
NEW	LOCATION TRANSFER	LICENSEE TRANSFER	TOTAL FEES
<input type="checkbox"/> \$437 <small>\$323 Zoning Clearance \$114 Bldg./Safety Insp.</small>	<input type="checkbox"/> \$437 <small>\$323 Zoning Clearance \$114 Bldg./Safety Insp.</small>	<input type="checkbox"/> \$323 <small>No change(s) to business operations</small>	

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PLEASE PRINT CLEARLY (POR FAVOR IMPRIME CLARAMENTE)

BUSINESS DESCRIPTION (DESCRIPCIÓN DEL NEGOCIO)

Business Name: <small>(Nombre del negocio)</small>	
Business Address: <small>(Dirección del negocio)</small>	
Business Phone: <small>(Teléfono del negocio)</small>	Business Email: <small>(Correo electrónico del negocio)</small>
Business Description: <small>(Descripción del negocio – que vende)</small>	
Hours/Days of Operation: <small>(Horas/días de operación)</small>	Projected Opening Date: <small>(Fecha de apertura estimada)</small>
Is there an existing business or more than one business proposed for this location? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If <u>yes</u>, a separate application is required for <u>each</u> business on the property)</i>	ZONE:

BUSINESS OWNER INFORMATION (INFORMACIÓN DEL PROPIETARIO DE NEGOCIOS)

Business Owner Name: <small>(Nombre del propietario de negocios)</small>	Phone: <small>(Teléfono)</small>
Business Owner Mailing Address: <small>(Dirección de correo – Incluyen ciudad, estado y código postal)</small>	Email: <small>(Correo electrónico)</small>

PROPERTY OWNER INFORMATION (INFORMACIÓN DEL DUEÑO DE LA PROPIEDAD)

Property Owner Name: <small>(Nombre del dueño)</small>	Phone: <small>(Teléfono)</small>
Property Owner Mailing Address: <small>(Dirección de correo – Incluyen ciudad, estado y código postal)</small>	Email: <small>(Correo electrónico)</small>

APPLICANT SIGNATURE (FIRMA DEL SOLICITANTE)

By signing this statement: I/We declare, under penalty of perjury, that this certification is made by me, that I am authorized to make such statement, and to the best of my knowledge and belief it is a true, correct and complete return made in good faith for the period stated.

Al firmar esta declaración: declaro / declaramos, bajo pena de perjurio, que esta certificación fue hecha por mí, que estoy autorizado a hacer dicha declaración y, a mi leal saber y entender, es un retorno verdadero, correcto y completo, y hecho de buena fe por el período indicado.

Applicant Signature: <small>(Firma del solicitante)</small>	Date: <small>(Fecha)</small>
Print Full Name: <small>(Imprimir nombre completo)</small>	

CLEARANCE AUTHORIZATION / INSPECTION APPROVAL • FOR STAFF USE ONLY

COMMUNITY DEVELOPMENT DEPARTMENT: This certifies that the requested use detailed above is permitted in the zoning district noted by staff on this form, which applies to the property listed as the Business Address on this form, and staff review of the applicable planning and zoning records supports this determination. This certification is limited to the use described on this form only and does not in any way grant or otherwise imply approval of a site development plan; nor does it certify conformance with applicable site development standards inclusive of parking, landscaping, lot coverage, or signs.

PLANNING DIVISION AUTHORIZATION:		BUILDING & SAFETY DIVISION INSPECTION APPROVAL:	
DATE:	NOTES:	DATE:	NOTES:

BUSINESS / TENANT IMPROVEMENTS QUESTIONNAIRE (CUESTIONARIO DE MEJORAS DEL INQUILINO Y DEL NEGOCIO)

Will you be altering, adding to, remodeling, modifying, or replacing any of the following? <i>(¿Estará alterando, agregando, remodelando, modificando o reemplazando alguno de los siguientes?)</i>										
1	BUILDING <small>(Edificio)</small>		(Walls, ceilings, stairs, exterior alterations, interior/exterior lighting, etc.) If yes, please specify:					<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
	ELECTRICAL <small>(Eléctrico)</small>		(Outlets, panel/electrical service, etc.) If yes, please specify:					<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
	PLUMBING <small>(Plomería)</small>		(Sinks, drains, water heater, etc.) If yes, please specify:					<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
	MECHANICAL <small>(Mecánico)</small>		(Furnace/heater, air conditioning, fans, ducting, etc.) If yes, please specify:					<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
2	Is there any work (started and/or completed) that is yet to be permitted? <i>(¿Hay algún trabajo (iniciado y / o completado) que aún no se haya permitido?)</i>								<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>
	If yes, please specify: <i>(En caso afirmativo, especifique:)</i>									
Does your business include any of the following? <i>(¿Su empresa incluye alguno de los siguientes?)</i>										
3	WOODWORKING OR CABINETMAKING <small>(Madera o gabinetes)</small>							<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
	AUTO REPAIR OR BODY SHOP WORK <small>(Trabajo de auto o body shop)</small>							<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
	WELDING <small>(Soldadura)</small>							<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
Do you use or possess any of the following materials as part of your business? <i>(¿Utiliza o posee alguno de los siguientes materiales como parte de su negocio?)</i>										
4	FLAMMABLES <small>(Inflamables)</small>	<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	PESTICIDES <small>(Pesticidas)</small>	<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	COMPRESSED GAS CYLINDERS <small>(Cilindros de gas comprimido)</small>	<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
	CORROSIVES <small>(Corrosivos)</small>	<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	HERBICIDES <small>(Herbicidas)</small>	<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	RADIOACTIVE MATERIAL <small>(Material radioactivo)</small>	<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
	EXPLOSIVES <small>(Explosivos)</small>	<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	FERTILIZERS <small>(Fertilizantes)</small>	<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	OTHER: <small>(Otro)</small>	<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
Which of the following fire protection equipment do you have onsite at your proposed business? <i>(¿Cuál de los siguientes equipos de protección contra incendios tiene en su sitio en su negocio propuesto?)</i>										
5	FIRE EXTINGUISHERS <small>(Extintores)</small>			<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	HALON SYSTEM <small>(Sistema de halon)</small>		<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
	ALARM SYSTEM <small>(Sistema de alarmas)</small>			<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	HOOD SYSTEM <small>(Sistema de campana)</small>		<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
	SPRINKLER SYSTEM <small>(Sistema de rociadores contra incendios)</small>			<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	OTHER: <small>(Otro)</small>		<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
6	Will you serve and/or sell food and/or beverages? <i>(Va a servir y / o vender alimentos y / o bebidas?)</i>							<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
7	Will you serve and/or sell alcohol? <i>(Va a servir y / o vender alcohol?)</i>							<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
8	Will there be over 50 people occupying your proposed business? <i>(¿Habrá más de 50 personas ocupando su negocio propuesto?)</i>							<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
9	Do you plan to install any new signs or change any existing signs on the building or property? <i>(¿Planea instalar nuevos letreros o cambiar cualquier letrero existente en el edificio o propiedad?)</i>							<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
10	Have you confirmed that the Certificate of Occupancy is correct for your proposed business? <i>(¿Ha confirmado que el Certificado de ocupación es correcto para su negocio propuesto?)</i>							<input type="checkbox"/> YES <small>(Si)</small>	<input type="checkbox"/> NO <small>(No)</small>	
11	How many square feet is your commercial space? <i>(¿Cuántos pies cuadrados tiene su espacio comercial?)</i>						SQUARE FEET: <small>(Pies cuadrados:)</small>			
12	How many parking spaces are assigned for use by your proposed business? <i>(¿Cuántos espacios de estacionamiento se asignan para su negocio?)</i>						PARKING SPACES: <small>(Plazas de aparcamiento:)</small>			

CONFIRMATION OF UTILITY SERVICES (CONFIRMACIÓN DE SERVICIOS DE UTILIDAD)

By initialing here, Business Owner and/or Applicant acknowledges applicable requirement(s) to maintain basic utility services (water, electricity, gas, etc.) and restroom facilities **at all times** at the business address specified on this form.

*Al poner sus iniciales aquí, el propietario comercial y / o el solicitante reconoce el (los) requisito (s) aplicable (s) para mantener los servicios públicos básicos (agua, electricidad, gas, etc.) y las instalaciones sanitarias **en todo momento** en la dirección comercial especificada en este formulario.*

Initials:
(Iniciales:)