



APPLICATION
ZONING CLEARANCE
CANNABIS

Please Type or Print

Check all that apply

MEDICINAL ADULT-USE

File #:
Related Files:
Set:
Department Use Only

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GENERAL INFORMATION	LOCATION OF PROJECT (ADDRESS)	ASSESSOR'S PARCEL NUMBER(S)	EXISTING ZONING		
	PROJECT NAME: LEGAL BUSINESS NAME (and TRADE NAME if any)			GENERAL PLAN DESIGNATION	
	APPLICANT NAME	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	
	APPLICANT ADDRESS	CITY	STATE	ZIP	EMAIL
	APPLICANT REPRESENTATIVE NAME	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	
	APPLICANT REPRESENTATIVE ADDRESS	CITY	STATE	ZIP	EMAIL
	PROPERTY OWNER NAME (SIGNATURE REQUIRED BELOW)	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX		<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	
PROPERTY OWNER ADDRESS	CITY	STATE	ZIP	EMAIL	
PROJECT INFORMATION	PROJECT/BUSINESS SUMMARY DESCRIPTION – (Attach separate sheet if necessary.)				
	SIZE OF PARCEL _____ SQ FT or _____ ACRES	GROSS SQ FT OF PROPOSED USE:	PRIOR USE		
	INDUSTRIAL ZONE: <input type="checkbox"/> BUSINESS PARK (BP) <input type="checkbox"/> LIGHT INDUSTRIAL (IL) <input type="checkbox"/> GENERAL INDUSTRIAL (IG)				
	<input type="checkbox"/> EXISTING BUILDING/REOCCUPANCY		<input type="checkbox"/> NEW CONSTRUCTION		LIST EXISTING TENANTS
	# BUILDINGS:	MAX EMPLOYEES/SHIFT:		USE	SQ FT
	TOTAL SQ FT:	# SEATS/CAPACITY:			
	SQ FT OCCUPIED:	# PARKING SPACES:			
	SQ FT EACH BUILDING (Please list):	% LOT COVERAGE:			
	# PARKING SPACES:	DAYS/HOURS OF OPERATION:			
	SUBMITTAL INFORMATION – THESE ITEMS MUST BE SUBMITTED FOR A COMPLETE APPLICATION UNLESS INITIALED BY A CITY PLANNER				
Plan MUST either be reduced to 11 X 17 or folded to 8 ½ X 14					
1 Copies of SITE PLAN showing all dimensions.					
1 Copies of FLOOR PLANS					
1 Copies of NEIGHBORHOOD CONTEXT MAP					
Project Narrative (Demonstrate compliance with Zoning Code Chapter 20-46 – Cannabis)					
PROPERTY OWNER'S CONSENT					
PROPERTY OWNER'S CONSENT – I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.					
PROPERTY OWNER'S SIGNATURE _____					
DEPT	APPLICATION	RECEIVED BY	DATE	FEE RECEIVED \$	