



# City of Loma Linda Community Development Department

25541 Barton Road, Loma Linda, CA 92354 ☎ (909)799-2830 📠 (909) 799-2891

## LAND USE PERMIT FOR BUSINESS ZONING CLEARANCE

### APPLICATION TYPE:

☐ **New Business or Use on Site**

☐ **Change of Ownership**

To establish an Accessory Dwelling Unit on site, complete the Land Use Permit application specifically created for ADU/JADU's.

### FOR OFFICE USE ONLY

Date Filed: \_\_\_\_\_ Project Case #: \_\_\_\_\_

This permit is required for business occupancy in the City of Loma Linda (i.e. change of ownership, a new business moving into an existing building, or an SFR converting into a group home/care facility). The purpose of this process is to certify the proposed business activity is allowed and in compliance with the City's land use and zoning regulations. Complete the application and submit it with payment. Planning staff will route it for departmental review and, if needed, inspections. This process can take up to 30 days. Once all departments approve, applicants are authorized to obtain and purchase a business license from the Finance Department. Note that business license and fire fees are separate from the Land Use Permit fee.

If the business requires a special "use permit" such as a "Conditional Use Permit" per zoning requirements, a different development application and process are necessary.

### SECTION 1 – APPLICANT AND BUSINESS INFORMATION

**Applicant/Primary Contact (Name):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Business On-site Contact (Name):** \_\_\_\_\_

Loma Linda Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of New Business: \_\_\_\_\_

**Property Owner or Mgmt. Company (Name of land owner):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SECTION 2 – LAND USE AND BUSINESS QUESTIONNAIRE

**Type of Business:** ☐ Office ☐ Retail ☐ Food Industry ☐ Industrial ☐ Institutional ☐ Service ☐ Care Facility

**Description of Activities:** \_\_\_\_\_

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**Hours of Operation:** \_\_\_\_\_ **Number of Employees on largest shift:** \_\_\_\_\_

**Please answer the following:**

Change in business type?      Yes ☐      No ☐      Previous land use/business occupancy # \_\_\_\_\_

Change in business ownership?      Yes ☐      No ☐      Previous land use/business occupancy # \_\_\_\_\_

Change in business name only?      Yes ☐      No ☐      Not a change in ownership or type of business

First time use of building?      Yes ☐      No ☐      Existing land use permit (entitlement) # \_\_\_\_\_

Does business require new sign?      Yes ☐      No ☐      A sign permit might be required.

If business does not require new sign, are there plans to change lettering on existing sign?      Yes ☐      No ☐  
(If yes, a sign permit might be required. Ask staff for application to install new sign.)

Will chemical(s) be utilized or stored?      Yes ☐      No ☐

Please list types of chemicals: \_\_\_\_\_

What room will they be utilized? \_\_\_\_\_

What room will they be stored? \_\_\_\_\_

Will there be any improvements or modifications to site or building (i.e. new interior walls, openings, electrical, plumbing, heating)?  
Yes ☐      No ☐      (If yes, please contact Building and Safety for building permits.)

Will there be any use of utilities or community facilities beyond what was used by the previous business owner for commercial purposes? Yes ☐      No ☐      (If yes, please explain.)

\_\_\_\_\_  
\_\_\_\_\_

What type of mechanical devices will be used in your occupancy?

\_\_\_\_\_  
\_\_\_\_\_

Will your business involve a service or producing a product? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

What type and how many supplies or materials will be stored? In what room will they be stored?

\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3 – APPLICANT’S AND PROPERTY OWNER’S SIGNATURE**

I understand that, subject to the Loma Linda Municipal Code Section 5.04 “Business Taxes,” I agree to pay the required Business License fees as determined by the Business Tax Department.

\_\_\_\_\_  
**Print Name (Applicant)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Owner or  
Property Manager**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

#### SECTION 4 - \*APPROVALS – TO BE COMPLETED BY CITY\*

Approvals are required from the departments listed below prior to finalizing and issuing the land use permit. These departments may require an inspection or fees in addition to those fees required by the Community Development and Finance Department.

	<u>APPROVAL</u>	<u>DATE</u>
1. Planning Division (last signature) 909-799-2830	_____	_____
<b>General Plan &amp; Zoning District:</b> _____		
<b>Is business in compliance with Zoning? Yes <input type="checkbox"/> No <input type="checkbox"/></b>		
2. Building and Safety Division 909-799-2836 (Office hours: 8-10 am)	_____	_____
3. Public Works Department 909-799-4410 (Notice Only – No Plans)	_____	_____
4. Utilities Department 909-799-4420	_____	_____
5. Fire Inspector – Public Safety 909-799-2859, 909-799-2853	_____	_____

**WITHIN ONE-YEAR OF THE DATE OF APPROVAL, THE OPERATIONS OF THE BUSINESS SHALL COMMENCE OR THE PERMIT WILL BECOME VOID.**

**EXPIRATION DATE:** \_\_\_\_\_

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