



# City of Loma Linda Community Development Department

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

## LAND USE PERMIT FOR ZONING CLEARANCE

<b>APPLICATION TYPE AND FEE:</b>	
<input type="checkbox"/> <b>New Business:</b> _____ \$290	<input type="checkbox"/> <b>Change of Owner:</b> _____ \$100
<b>FOR OFFICE USE ONLY</b>	
<b>Date Filed:</b> _____	<b>Project Case #:</b> _____

*This permit is for business occupancy in the City of Loma Linda and is required prior to a business license purchase (i.e. change of ownership or a new business moving into an existing location in the city). 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 with payment for review. Write check to the "City of Loma Linda". Planning staff will route it to each department to review and perform inspections, if applicable. Upon completion of the city's review, and at the time of permit issuance, the applicant will be authorized to apply and purchase a business license from the Finance Department. Business license information is available online: [https://www.lomalinda-ca.gov/business/business\\_license](https://www.lomalinda-ca.gov/business/business_license)*

*(Please note, if the proposed business requires a special "use permit" pursuant to zoning requirements, such as a "Conditional Use Permit", a development application and discretionary review is required instead.)*

### SECTION 1 – APPLICANT AND BUSINESS INFORMATION

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

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

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

**Business Contact (Name):** \_\_\_\_\_

Business Address: \_\_\_\_\_

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

**Owner of Record (Name):** \_\_\_\_\_

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

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

### SECTION 2 – LAND USE AND BUSINESS QUESTIONNAIRE

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

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

\_\_\_\_\_

**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   
(Sign permit might be required.)

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 - PROPERTY DATA**

Assessor's Parcel Number (APN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

General Plan Designation: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Is business in compliance with Zoning? Yes  No

Notes: \_\_\_\_\_

**SECTION 4 – 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 6 - \*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 ( <i>last signature</i> ) 909-799-2830	_____	_____
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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