CITY OF IRWINDALE
PRELIMINARY ZONING APPROVAL FORM

Before a business license application can be accepted applicant must receive preliminary zoning approval.

Date:_____

Applicant Name:_____

Applicant Address:_____

_____

Applicant Phone #:_____

Proposed Business Address:_____

Proposed business Zone:_____

Description of Proposed Business (be specific): _____

_____

_____

1.) Will the business sell or prepare food or have any entertainment (i.e.: dancing, singing modeling)? Yes / No*

2.) Will the business use, sale, or store and materials classified as toxic or hazardous by either the federal or state government as a substantial part of the total use?
Yes / No*

3.) Will the business store materials, vehicles, and/or equipment outdoors? Yes / No

4.) Will the business sell or provide; A.) Alcohol Yes / No B.) Sexually Oriented Materials Yes / No C.) Live Entertainment Yes / No

*If you answered yes to any of the above please give full explanation:_____

_____

_____

I certify under penalty of perjury that the above information contained herein is true and complete to the best of my knowledge.

_____ _____
Applicants signature Date

If the preliminary zoning is not approved, a business license application will not be accepted until zoning approval is obtained.

For office use only:

Approved_____ Denied_____ CUP Required Yes / No

_____ _____
Planner Date

_____ _____
Code Enforcement Date