



# Zoning Verification

Info@beaumontca.gov

Business Name:  Parking Spaces:

Business Address:

Type of Business:  Days & Hours of Operation:

Business Description:

☐ New Business ☐ Relocation ☐ Ownership Change ☐ Other:

Applicant Name:  Applicant Phone Number:

Applicant Email Address:

Property Owner:  Property Owner Phone Number:

Property Owner Email Address:

Will you be making any tenant improvements? ☐ Yes ☐ No

Please be sure to provide the following:

1. Floor plan that shows the proposed layout of the business including areas devoted to sales, storage, seating, and other uses.
2. Site Plan that shows a bird eye view of the area including roads, buildings, parking, driveways, and other notable features.

## Authorizations:

I hereby certify that I have read and understood the above and that the information provided is accurate, true, and correct.

Applicant Signature:  Date:

Property Owner Signature:  Date:

## Office Use Only

APN Number  Zoning  General Plan

Planning Approval  Date  Entitlement required?

Comments