



Zoning Verification

Info@beumontca.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