



CITY OF SOUTH LAKE TAHOE

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Development Services Department, Planning Division
1052 Tata Lane South Lake Tahoe CA 96150
Phone (530) 542-6010 • Fax (530) 541-7524
Web address: www.cityofslt.us/

ZONING/BUILDING CLEARANCE FOR BUSINESS LICENSE APPLICATION

MUST BE COMPLETED FOR ANY OF THE FOLLOWING:

- ANY NEW BUSINESS WITHIN THE CITY LIMITS (EXCEPT "OUT OF CITY" CONTRACTORS).
CHANGE OF BUSINESS LOCATION
BUSINESS CHANGE OF OWNERSHIP
HOME OCCUPATION

YOUR BUSINESS LICENSE WILL NOT BE PROCESSED UNTIL YOUR BUSINESS LOCATION HAS BEEN APPROVED BY THIS ZONING/BUILDING CLEARANCE FORM

LOCATION OF BUSINESS: SUITE/SPACE #:

NEW BUSINESS CHANGE OF BUSINESS LOCATION CHANGE OF OWNERSHIP HOME OCCUPATION*

* A business operated from a residence within the City limits may require a Home Occupation Permit

BUSINESS INFORMATION

NAME OF BUSINESS:

BUSINESS OWNER'S NAME:

CONTACT PERSON: TITLE:

PHONE: EMAIL:

MAILING ADDRESS:

DESCRIPTION OF BUSINESS (PLEASE BE SPECIFIC):

DESCRIPTION OF EXTERIOR RENOVATIONS TO LOCATION:

PROPOSED SIGNS: FREESTANDING YES NO BUILDING YES NO

BUSINESS IS LOCATED: IN A MULTI-BUSINESS COMPLEX IS A STAND-ALONE BUSINESS

TENANT FLOOR SPACE OCCUPIED BY YOUR BUSINESS (SQUARE FEET):

NAME OF PREVIOUS BUSINESS IN LOCATION (IF APPLICABLE):

DESCRIPTION OF PREVIOUS BUSINESS (IF APPLICABLE):

All new businesses must contact the Permit Center prior to opening a new business. Exterior changes to a building require a design review by the Planning Division. Please contact the Permit Center at (530) 542-6010 for design review or zoning enforcement issues. This form may be submitted via e-mail (permitcenter@cityofslt.us) or in person/mail: 1052 Tata Lane, South Lake Tahoe, CA 96150.

New tenants must comply with readily achievable American Disabilities Act issues

By signing below, you are certifying that the above information is correct, and you understand that this approval only applies to the address noted above. If you move from this location, you will need to complete a new "Zoning/Building Clearance for Business License Application."

Business Owner's Signature: Date:

STAFF USE ONLY

ZONING INFORMATION:

LOCATION OF BUSINESS: _____ SUITE/SPACE #: _____

PLAN AREA/COMMUNITY PLAN AREA: _____

PROPOSED USE: _____

PERMISSIBLE USE IN THIS LOCATION: ____ YES ____ NO

REQUIRES SPECIAL USE PERMIT: ____ YES ____ NO

STORMWATER INSPECTION APPLICABLE:

____ COMMERCIAL (RESTAURANT/AUTOMOTIVE SERVICE/GAS STATION)

____ INDUSTRIAL

PLANNING APPROVAL: _____ DATE: _____

BUILDING APPROVAL: _____ DATE: _____

ADDITIONAL COMMENTS: _____

CHANGE OF OPERATION:

PREVIOUS USE: _____

PROPOSED USE: _____

CHANGE OF OPERATION: ____ YES ____ NO