



**Community Services Department  
Planning Division  
775-353-2300**

**Zoning Supplemental Information**

PLEASE ANSWER ALL QUESTIONS, INCOMPLETE INFORMATION COULD DELAY APPROVAL

Street Address \_\_\_\_\_

Proposed Use \_\_\_\_\_

1. What was the previous use of the property? (If Known) \_\_\_\_\_
  2. Name of the previous tenant: (If Known) \_\_\_\_\_
  3. Will there be any changes to the interior of the building?     Yes     No
  4. Will there be any changes to the exterior of the building?     Yes     No
  5. Will there be any changes to the parking lot?     Yes     No
  6. Will there be any changes to the landscaping?     Yes     No
- If yes to any of the above questions, a permit will be required.**
7. What will be the days and hours of operation?:  
Days: \_\_\_\_\_ Hours Per Week : \_\_\_\_\_
  8. How many employees will be at the site? \_\_\_\_\_
  9. How many off-street parking spaces will be provided? \_\_\_\_\_
  10. What is the maximum number of people at your business at any one time ? \_\_\_\_\_
  11. What is the gross interior floor area? \_\_\_\_\_  
Of that space, how many interior square feet will be dedicated for the following uses:  
Retail Sales \_\_\_\_\_ Square Feet    Storage \_\_\_\_\_ Square Feet  
Office \_\_\_\_\_ Square Feet    Other \_\_\_\_\_ Square Feet  
Manufacturing \_\_\_\_\_ Square Feet
  12. Will there be any outdoor activity or storage use?     Yes     No; If Yes, please describe: \_\_\_\_\_
  13. Will the storage require racking?     Yes     No; If Yes, a permit will be required.
  14. What will be the maximum height of storage (warehouse/storage uses): \_\_\_\_\_
  15. What type of products will be stored and how will they be packaged (warehouse/storage uses)? \_\_\_\_\_
  16. What materials or equipment will be used and/or stored on the property? \_\_\_\_\_
  17. Will hazardous, toxic or flammable substances be stored on the property?     Yes     No  
If Yes, please describe the substances: \_\_\_\_\_
  18. Will the property produce non-domestic sewage?     Yes     No  
If Yes, please describe sewage generated: \_\_\_\_\_
  19. Does the property have an outdoor enclosure for solid waste and recycling containers?     Yes     No  
If No, where will solid waste and recycling containers be stored? \_\_\_\_\_
  20. Will there be deliveries to and/or from your business?     Yes     No  
If Yes, how many deliveries daily? \_\_\_\_\_  
When and what days will deliveries occur? Days \_\_\_\_\_ Hours \_\_\_\_\_

Note: All signs must comply with Sparks Municipal Code 20.56.

The information contained above is true and correct to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**STAFF ONLY**

Zoning District \_\_\_\_\_

Approved  Yes     No

Permitted Use     Yes     No

Special Use Required     Yes     No

Planner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Site Plan Review     Yes     No

Staff comments: \_\_\_\_\_