



**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: _____