



Community Services Department Planning Division Zoning Supplemental Information

PLEASE ANSWER ALL QUESTIONS, INCOMPLETE INFORMATION COULD DELAY APPROVAL

Business Name: _____

Business License Number: _____

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

Use as Defined in SMC 20.08 _____

Permitted Use Yes No

Use Standards Yes No

Conditional Use Required Yes No

Administrative Review Yes No

Approved Yes No

Zoning District _____

Planner's Signature

Planner's Name

Date

Staff Comments: _____