



City of Moorpark

799 Moorpark Avenue, Moorpark, CA 93021
Phone: (805) 517-6200 Fax: (805) 532-2540
www.moorparkca.gov

ZONING CLEARANCE/ SIGN PERMIT APPLICATION

Please Print or Type:

FEE: \$ _____

NAME OF BUSINESS / PROJECT ADDRESS (Location description if no street address):

DESCRIPTION OF USE(S): (Check appropriate item or describe what use you are proposing.)

- | | |
|---|---|
| <input type="checkbox"/> ROOM ADDITION _____ SQ.FT. | <input type="checkbox"/> COMMERCIAL/INDUSTRIAL ADDITION _____ SQ. FT. |
| <input type="checkbox"/> POOL _____ SPA _____ | <input type="checkbox"/> TENANT IMPROVEMENT (Describe) _____ |
| <input type="checkbox"/> WALL _____ RETAINING _____ HEIGHT _____ | _____ |
| <input type="checkbox"/> PATIO COVER/GAZEBO _____ SQ.FT.
(Open _____ Enclosed _____ Attached _____ Detached _____) | <input type="checkbox"/> GRADING PERMIT ONLY |
| <input type="checkbox"/> BARBEQUE _____ FIREPIT _____ FIREPLACE _____ | <input type="checkbox"/> PLAN CHECK ONLY |
| <input type="checkbox"/> ADD/MOVE DOORS OR WINDOWS | <input type="checkbox"/> SIGN: PERMANENT _____ TEMPORARY _____ |
| <input type="checkbox"/> ADD/RELOCATE HVAC UNITS | COPY: _____ |
| <input type="checkbox"/> ACCESSORY STRUCTURE
(Describe) _____ | COLORS: _____ |
| <input type="checkbox"/> NEW RESIDENTIAL _____ SQ.FT. _____ UNITS | MATERIALS: _____ |
| <input type="checkbox"/> COMMERCIAL/INDUSTRIAL OCCUPANCY
(Describe) _____ | DIMENSIONS: _____ |
| <input type="checkbox"/> NEW COMMERCIAL/INDUSTRIAL BLDG _____ SQ. FT. | <input type="checkbox"/> OTHER: _____ |
| | _____ |
| | _____ |

I hereby acknowledge that I have read this application in its entirety and state that the information given is correct and agree to comply with all provisions of Title 17 (Zoning) of the Moorpark Municipal Code. Zoning Clearances and Sign Permits shall expire one hundred eighty (180) days after issuance, unless otherwise indicated by the Community Development Director on the clearance or unless the use of land or structures or building construction has commenced and is being diligently pursued, as evidenced by current inspections and/or valid building permits. I also understand that homeowner's association/property owner's association approval is the responsibility of the homeowner/property owner.

Applicant:

Property Owner:

(Name)

(Name)

(Address)

(Address)

(City, State, Zip)

(City, State, Zip)

(Telephone)

(Telephone)

(Signature)

(Signature) or

See attached property owner's authorization

STAFF USE ONLY BELOW THIS LINE

Approved By: _____ Verified By: _____ Date: _____

Zoning Clearance / Sign Permit Number: _____

CITY OF MOORPARK
ZONING CLEARANCE/
SIGN PERMIT APPLICATION

STAFF USE ONLY

Requirements:

- THIS ZONING CLEARANCE / SIGN PERMIT EXPIRES ON _____ UNLESS ACTION IS INITIATED.
- EXTERIOR COLORS AND MATERIALS TO MATCH EXISTING BUILDING.
- POOL/SPA EQUIPMENT TO BE ENCLOSED BY A FOUR FOOT (4') MASONRY WALL EXCEPT ON SIDE WHERE ACCESS IS PROVIDED OR ABUTS HOUSE AND SHALL NOT BE VISIBLE FROM STREET.
- POOL/SPA EQUIPMENT SHALL NOT BE VISIBLE FROM STREET.
- A _____ FOOT SETBACK IS REQUIRED FOR ALL MECHANICAL EQUIPMENT.
- MAXIMUM WALL HEIGHT OF _____ FEET.
- WALL(S) SHALL BE CONSTRUCTED OF THE FOLLOWING MATERIAL(S) _____.
- ACCESSORY STRUCTURE(S) NOT TO BE USED FOR HUMAN HABITATION.
- CONDITIONS OF APPROVAL IN PERMIT _____ SHALL APPLY.
- NO SIGNS ARE APPROVED/ SIGNS WILL REQUIRE A SEPARATE SIGN PERMIT.
- TEMPORARY SIGNS MAY NOT EXCEED TWENTY (20) SQUARE FEET AND MUST BE ATTACHED TO A BUILDING WALL.
- TEMPORARY SIGN IS APPROVED FROM _____ TO: _____ (NOT TO EXCEED THIRTY (30) DAYS FOR GRAND OPENINGS, FIFTEEN (15) DAYS PER SPECIAL EVENT, FOUR (4) TIMES PER CALENDAR YEAR, WITH AT LEAST THIRTY (30) DAYS BETWEEN EVENTS).
- A DEVELOPER WASTE REDUCTION & RECYCLING PLAN SHALL BE APPROVED PRIOR TO OCCUPANCY.
- NO RETAIL SALES ALLOWED.

Additional Comments and/or Conditions:

Case Reference (TTM/RPD#): _____ Zoning Designation: _____

BUSINESS REGISTRATION

- Owner-Builder/Contractor not yet selected (No Business Registration Required)
- Business Registration Verified - Business Registration # _____ Staff Initials _____

WASTE REDUCTION AND RECYCLING

- Waste Reduction and Recycling Plan Verified _____ Staff Initials _____