



CITY OF OAKLAND

ZONING CLEARANCE FOR BUSINESS TAX LICENSE

Zoning Information: 510-238-3911

www.oaklandnet.com/planning

*A Zoning Clearance is **required** for all new or relocated businesses in order to verify that the type of business you are proposing is permitted by the City's Zoning Regulations at that location.*

BUSINESS ADDRESS: _____

APPLICANT INFO: NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

BUSINESS NAME: _____

TYPE OF BUSINESS / DESCRIPTION OF BUSINESS ACTIVITIES: _____

PROPOSED HOURS OF OPERATION: _____ NUMBER OF EMPLOYEES: _____

WILL THE BUSINESS BE LOCATED WITHIN YOUR HOME OR APARTMENT? ☐ YES ☐ NO

WILL THE BUSINESS INVOLVE ANY MANUFACTURING ON THE PROPERTY? ☐ YES ☐ NO

WILL THE BUSINESS REQUIRE ANY NEW OR MODIFIED SIGNS? ☐ YES ☐ NO

WILL THE BUSINESS REQUIRE ANY CHANGES TO THE BUILDING? ☐ YES ☐ NO

(Please note that certain buildings may need a change in building occupancy prior to establishing new uses)

PLEASE NOTE: THIS CLEARANCE COVERS ZONING PERMITS ONLY.
OTHER PERMITS SUCH AS BUILDING, FIRE, CITY ADMINISTRATOR OR OTHER
COUNTY/STATE PERMITS MAY BE REQUIRED PRIOR TO COMMENCING YOUR BUSINESS.
PLEASE CONTACT THE APPROPRIATE AGENCY
TO DETERMINE IF FURTHER PERMITS ARE NECESSARY.

I have read and understand the above: _____

Signature

Date

TO BE COMPLETED BY STAFF: APN# _____ ZC# _____