



# ZONING AND USE REVIEW APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT  
 5111 BENITO STREET, P.O. BOX 2308, MONTCLAIR, CA 91763  
 (909) 625-9477  
 FAX (909) 626-3691

*Planning Division Counter Hours for Business License Approvals: Monday through Thursday from 7:00 – 9:00 a.m. & 4:00 – 5:30 p.m.*

**THIS FORM, WHEN COMPLETED AND APPROVED BY THE COMMUNITY DEVELOPMENT DEPARTMENT, MUST ACCOMPANY YOUR BUSINESS LICENSE APPLICATION.** Before your application for a business license can be processed, it is necessary to verify that your business will be conducted in accordance with the provisions of the Montclair Municipal Code. In order to determine whether your business is legally permitted at the proposed location, please provide the information below.

**IMPORTANT: PLEASE PRINT LEGIBLY AND PROVIDE ALL REQUIRED INFORMATION OR THE FORM MAY BE REFUSED AS INCOMPLETE.**

1. PROPOSED BUSINESS LOCATION (ADDRESS):			CITY MONTCLAIR	STATE CA	ZIP CODE 91763
2. BUSINESS NAME (DBA):					
3. BUSINESS OWNER'S FIRST NAME:		BUSINESS OWNER'S LAST NAME:		PHONE:	
4. BUSINESS OWNER'S MAILING ADDRESS:			CITY	STATE	ZIP CODE
5. PROPERTY OWNER'S NAME:		PROPERTY OWNER'S LAST NAME:		PHONE:	
6. ATTACH A WRITTEN DETAILED BUSINESS DESCRIPTION ON A SEPARATE PAGE. THE BUSINESS DESCRIPTION SHOULD INCLUDE ANSWERS TO THE FOLLOWING:					
<ul style="list-style-type: none"> <li>a. Are you the owner of the subject property?</li> <li>b. Is the business activity similar to the previously licensed tenant?</li> <li>c. Does the business lease space from an existing licensed tenant in the same profession? (e.g. hairdresser, attorney, or doctor leasing space from another hairdresser, attorney, or doctor)</li> <li>d. Is your business moving from one location to another on the same property?</li> <li>e. Is the business located in a shared office space?</li> <li>f. How will each room in the proposed lease space be used?</li> <li>g. How many employees will be employed at your business?</li> <li>h. What are the proposed business hours of operation?</li> </ul>					
7. Provide a floor plan with dimensions, which clearly labels the square footage and proposed use of each room. <i>(Does not apply to home based businesses)</i>					
8. SQUARE FOOTAGE OF USE:			9. NUMBER OF EMPLOYEES:		
10. PROPOSED HOURS OF OPERATION:					
<b>HOURS</b>					
<b>WEEKDAYS</b>	MONDAY	TO			
	TUESDAY	TO			
	WEDNESDAY	TO			
	THURSDAY	TO			
	FRIDAY	TO			
<b>WEEKEND</b>	SATURDAY	TO			
	SUNDAY	TO			

## PART A

<b>11. THIS IS A:</b> <input type="checkbox"/> New Business <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Type of Business <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Business Name Change <input type="checkbox"/> Change of Address	<b>TYPE OF BUSINESS:</b> <input type="checkbox"/> Restaurant <input type="checkbox"/> Adult-oriented Business <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Institutional <input type="checkbox"/> Home Occupation <input type="checkbox"/> Massage Therapy/Acupressure <input type="checkbox"/> Other:  <input type="checkbox"/> Office Only <input type="checkbox"/> Retail Sales <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Industrial/Manufacturing
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**PART A CONTINUED**

BUSINESS NAME CHANGE (PREVIOUS NAME): LEAVE BLANK IF NOT APPLICABLE				BUSINESS LICENSE #:
ADDRESS CHANGE (PREVIOUS ADDRESS IN MONTCLAIR): LEAVE BLANK IF NOT APPLICABLE	CITY MONTCLAIR	STATE CA	ZIP 91763	BUSINESS LICENSE #:

**PART B**

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM STATE MANDATE**

**YOU MUST PROVIDE YOUR STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC) EVEN IF YOU ARE RENEWING YOUR BUSINESS LICENSE SIC CODE: \_\_\_\_\_**

If you do not know your business SIC Code, you can obtain it at the United States Department of Labor website:  
<https://www.osha.gov/pls/imis/sicsearch.html>

The State of California requires businesses with specific SIC Codes obtain a State General Permit for Storm Water Discharges Associated with Industrial Activities (IGP) prior to receiving a City business license. You can determine if you are required to obtain an IGP by reviewing "Attachment A" of the IGP (attached to application). If you have a SIC Code that is subject to the State General Permit for Storm Water Discharges Associated with Industrial Activities (IGP) you must apply for and obtain the IGP prior to receiving a City business license. If your SIC Code falls under "Attachment A", see "PART C"

**PART C**

**NOT APPLICABLE (CHECK THIS BOX IS YOUR SIC CODE IS NOT UNDER "ATTACHMENT A" OF THE IGP)**

To apply for an IGP, please visit <https://smarts.waterboards.ca.gov/smarts/faces/SwSmartsLogin.xhtml>

When you receive your Application Number or Waste Discharge Identification (WDID) Number, please provide the information below:

APPLICATION NUMBER:	WASTE DISCHARGE IDENTIFICATION NUMBER:
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CHECK THE BOX THAT IS APPLICABLE TO YOUR BUSINESS:

- Subject to the full IGP
- Non- Exposure Certification (NEC)
- Notice of Non-Applicability (NONA)

**If you have any concerns or questions regarding applying for and obtaining the IGP, please contact the Santa Ana Regional Water Quality Control Board at (951) 782-4130 or visit their website at <https://www.waterboards.ca.gov/santaana/>**

12. Will any work, use, or storage be conducted outside of the building location?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Will there be selling or displaying of material (movies, books, videos, etc.) depicting specified anatomical areas of sexual acts? (MMC Chapter 11.40)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. Will there be selling/serving of alcoholic beverages?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Will your business include any form of entertainment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. Will admission be charged?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Will your operation Include any process, handling, or storage of toxic, hazardous, or flammable materials?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Will your business require changes to the exterior and/or interior of the premises in order for you to conduct business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. Do you anticipate a need for a new or altered business sign?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. Will you be selling any used merchandise?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. Will there be any arcade machines/amusement devices? If "YES", how many? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**DEPARTMENT DIVISION APPROVALS**

*Applicant is responsible for contacting each division for Business License approval.*

**Planning Department**  
Silvia Gutiérrez  
Office: (909) 625-9435  
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**Building Department**  
Rudy Arensdorff  
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**Code Enforcement**  
Denise Ortiz  
Office (909) 625-9436  
Email: [dortiz@cityofmontclair.org](mailto:dortiz@cityofmontclair.org)

**Environmental Department**  
Steve Stanton  
Office: (909) 625-9444  
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**Fire Department**  
Brett Petroff  
Phone: (909) 447-3552  
Email: [firemarshal@cityofmontclair.org](mailto:firemarshal@cityofmontclair.org)

**NPDES Department**  
Samantha Contreras  
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**Economic Development Department**  
Amber Cruz  
Office: (909) 625-9408  
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**APPLICATIONS MUST BE REVIEWED AND APPROVED BY ALL DEPARTMENTS; APPROVAL IS NOT GUARANTEED**

I hereby certify under penalty of perjury that I have read and understand the above statement, and that the information provided herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE