



City of Millbrae

ZONING CLEARANCE APPLICATION

PURPOSE

This application is for all requests to use land or occupy buildings under the City's zoning regulations as specified in Millbrae Municipal Code Section 10.05. If approved, it certifies that a proposed structure or land use meets all applicable zoning requirements. A zoning clearance is required before the use of land occurs, including before any construction activity which may or may not also require a building permit.

PROCEDURE

Please submit this completed application, the [Application for Planning Action Form](#), and required zoning clearance fee to Planning staff. A zoning clearance and business license are required for all new businesses.

Business Address: _____

Business Name: _____

Assessor Parcel #: _____

Business Operations

Retail Office Commercial Other: _____

Description: _____

Hours of operation: _____

Number of employees: _____

Square footage of the building and suite: _____

Proximity to parking (both on and off-street): _____

How is trash, recycling, and waste serviced: _____

Signage

Please describe all proposed new signage

- A sign plan and sign permit will be required to be submitted and approved for a building permit within 60 days of occupancy, subject to Business License approval from the City.
- For information on how to submit for a sign permit, please visit our website [here](#) or contact our Building Division at 650-259-2330.

Please provide a current picture of the existing storefront if the business is on the ground floor.

Proposed exterior improvements: _____

Proposed interior tenant improvements: _____



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Previous Tenant

Name: _____

Use: _____

Describe your experience with the business and how the business will benefit the community.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS APPLICATION. I STATE THAT THE INFORMATION GIVEN ABOVE IS CORRECT. I AGREE TO COMPLY WITH ALL CITY REGULATIONS APPLICABLE TO THIS REQUEST.

REQUIRED SIGNATURES:

Property Owner Name: _____

Applicant Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Signature: _____

Signature: _____

For staff use only

Zoning Classification: _____

Required Fee: _____

Is the proposed use consistent with the zoning and any applicable Specific Plan? Yes No

Additional Planning Permit required? Yes No

Continuation of use? Yes No

Planning Division Approval:

By Planner: _____

Date: _____

Signature: _____

Staff Comments