City of Victorville

Department of Development

Planning ◆ Building ◆ Code Enforcement ◆ Business License

14343 Civic Drive
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Victorville, CA 92393-5001

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Fax (760) 269-0070
planning@victorvilleca.gov

ZONING VERIFICATION REVIEW

Business Name: _____

Business Location (Address): _____

Business Description (Please be as detailed as possible):

_____

_____

_____

_____

Has the property or individual suite been vacant for over 90 days? ☐ Yes ☐ No ☐ Unknown

If yes, indicate the length of time vacant: _____.

Important: Please read the following statements before signing:

1.) *The business description indicated above must substantially match the business description listed on the Business License application or this Zoning Verification will be deemed void.*

2.) *This Zoning Verification expires within 30 days of the original approval. After 30 days has passed, a new Zoning Verification will need to be obtained.*

3.) *Approval of this Zoning Verification only establishes Planning Division approval of the described use at the given location. This is not a permit to conduct business or to occupy a building. Please see the Business License Division for further instructions regarding additional steps required to open your business.*

Business Owner or Authorized Representative: Please print, sign, and date below:

I understand the above statements and certify that I have described the intended use of the subject property to the best of my ability.

Print Name: _____ Telephone #: _____

Signature: _____ Date: _____

OFFICE USE ONLY

☐ Approved ☐ Denied ☐ Needs Entitlement Approval (e.g. Conditional Use Permit)

Comments: _____

_____

_____

_____

Planner Assigned: _____ Date: _____