



ZONING CLEARANCE

City of Camarillo

Department of Community Development
601 Carmen Drive, Camarillo, CA 93010

ComDevEmail@CityofCamarillo.org || 805.388.5360 p || 805.388.5388 f

DATE: _____

HTE REFERENCE NO: _____

PROJECT NO.: _____

FEE: _____

➔ Please complete this form and **attach an 8½" x 11" site plan** of the proposed improvements. Please include the location of the existing and proposed buildings and actual distances to property lines.

Applicant: Please complete all sections in BLUE.

APPLICANT: _____ PROPERTY OWNER If different from applicant: _____

MAILING ADDRESS If different from site address : _____

EMAIL ADDRESS: _____ PHONE: _____

DESCRIPTION OF PROPOSED IMPROVEMENTS: _____

APPLICANT'S STATEMENT:

I hereby acknowledge that I have read this zoning clearance and state that the information given is correct and agree to comply with all provisions of the City Zoning Ordinance Code.

NOTICE: Before foundation inspection, indications of lot lines shall be established by the owner.

PLEASE SPECIFY SITE ADDRESS AT THE BOTTOM OF THE PAGE WHERE INDICATED - *

APPLICANT'S

SIGNATURE: _____ PHONE: _____

CITY STAFF:

APN: _____ TRACT: _____ LOT: _____

MINIMUM ZONING STANDARDS ZONE: _____		COMPLIANCE INSPECTION FORM: REQ'D? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>if yes, obtain form & signatures prior to final inspection by Building & Safety</small>	
FRONT YARD:		REQUIRED	PAID / RECEIVED
SIDE YARD:	SCHOOL FEES:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
REAR YARD:	HOA APPROVAL:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BETWEEN BUILDINGS:	TRAFFIC MIT FEES:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
MAXIMUM HEIGHT:	POLICE FAC FEES:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
PARKING: COVERED: RV:	AIR QUALITY FEES:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

DEPARTMENT OF PUBLIC WORKS

DEPARTMENT OF COMMUNITY DEVELOPMENT

ROUGH GRADING **HAS | HAS NOT BEEN CERTIFIED**

ZONING CLEARED

BY: _____ BY: _____

DATE: _____ DATE: _____

COMMENTS: _____

Plans Attached: YES | NO || # of Sheets _____

***SITE ADDRESS:**