



Zoning Verification Letter Application

Staff will assign **FILE #**

INSTRUCTIONS. To obtain a Zoning Verification Letter, please complete this form. Be sure to attach all documents as may be required for the type of letter you are requesting. All applicants must attach the Parcel Map for the project site. Please submit your application package in person at the Permit Center.

FIND THIS COMPUTER-FILLABLE FORM AT www.sanjoseca.gov/planning OR PRINT CLEARLY USING INK.

APPLICANT/CONTACT INFORMATION

NAME:				PHONE:	
ADDRESS:	NUMBER:	STREET:	CITY:	STATE:	ZIP:
EMAIL ADDRESS:					

PROPERTY INFORMATION

ASSESSOR'S PARCEL NUMBER (APN):					
PROJECT ADDRESS:	Number:	Street:	City:	Zip:	
			SAN JOSE, CA		

ATTACH PARCEL MAP. FIND APN AND PARCEL MAP AT www.sccassessor.org.

SELECT THE TYPE OF LETTER THAT YOU NEED CHECK ONE BOX BELOW

Fees noted below include the standard 11.97% Citywide Planning fee; view the [Planning Fee Schedule](#) for more information on fees.

- A. Zoning Letter** \$468 fee. This letter verifies Zoning and General Plan/Transportation Diagram designations.
1. Basic Verification - Please complete page 1. If either applies, please check: Bingo Cottage Foods as Home Occupation
 2. ABC Verification - Please complete page 1 and Section A-2 on page 2.
 3. DMV Verification - Please complete page 1 and Section A-3 on page 2.
 4. Massage Verification - Please complete page 1 and Section A-4 on page 3.
- B. Verification Letter for a Payday Lending Establishment** \$678 fee, 2 hours. This letter verifies Zoning District, distance requirements, and review of State License. Please complete page 1 and Section B on page 4.
- C. Legal Nonconforming Determination Letter** \$5,383 fee. This letter provides comprehensive use history information and legal nonconforming (LNC) determination. Please complete page 1 and Section C on page 4.

REASON FOR LETTER: BRIEFLY EXPLAIN THE REASON YOU NEED THIS LETTER AND THE INFORMATION YOU ARE REQUESTING

OFFICE USE ONLY		
DATE RECEIVED:	ZONING:	PAID: \$
BY:	GENERAL PLAN:	RECEIPT #:

ADDITIONAL INFORMATION DEPENDING ON TYPE OF LETTER

Depending on the Type of Letter checked on page 1, complete the appropriate section of information on pages 2-4.

A.2. - ALCOHOLIC BEVERAGE CONTROL (ABC) VERIFICATION

a) BUSINESS NAME (DBA):

b) IS THIS A NEW LICENSE? YES NO

c) LICENSE TYPE - ENTER CODE AND DESCRIPTION FROM www.abc.ca.gov/permits/licensetypes.html:

d) BRIEFLY DESCRIBE THE TYPE OF BUSINESS:

e) LIST HOURS OF OPERATION:

f) IS THERE ANY OUTDOOR DINING? **CHECK ONE:**
 NO YES - Existing - Approved per File# _____ YES - Proposed - **Attach your Site Plan** to this form.

AFFIDAVIT:
 Under the penalty of perjury, I declare the information in this affidavit is true to the best of my knowledge. I acknowledge that any false or misleading information will constitute grounds for denial of the application for the license; or if the license is issued in reliance on information in this affidavit which is false or misleading, then such information will constitute grounds for revocation of the license so issued.

 • SIGNATURE of APPLICANT DATE

A.3. - DEPARTMENT OF MOTOR VEHICLES (DMV) VERIFICATION

VEHICLE SALES CHECK ALL THAT APPLY

New	Used	Retail	Wholesale	Auto-broker
Motorcycles	Automobiles	Trucks Under 1 Ton	Trucks Over 1 Ton	Recreational Vehicles
On-Site Storage	No On-Site Storage			

Outdoor Vehicle Sales Event - Date/s: _____ Hours: _____ to _____

VEHICLE REPAIR CHECK ALL THAT APPLY

Motorcycles	Automobiles	Trucks Under 1 Ton	Trucks Over 1 Ton	Recreational Vehicles
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AUTO DISMANTLER'S PERMIT CHECK ALL THAT APPLY

Auto Dismantling	Wrecking Yard	
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OTHER AUTO-RELATED CHECK ALL THAT APPLY

Driving School or Taxi Cab Service	Registration Licensing Branch	Traffic Violator School
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AFFIDAVIT:
 The undersigned hereby declares that the information provided above is true to the best of his/her knowledge.

 • SIGNATURE of APPLICANT DATE

OFFICE USE ONLY

Does Zoning allow the intended use? NO YES

Is a CUP or PD Permit required? NO YES - FILE# _____ and APPROVAL DATE _____

Planner Name: _____ Date: _____

A.4. - MASSAGE USE VERIFICATION

FOR STATE-CERTIFIED MASSAGE FACILITY (PERSONAL SERVICES)

BRIEFLY DESCRIBE SERVICES PROVIDED:

LIST NAMES OF ALL PERSONS ADMINISTERING MASSAGE AT THIS LOCATION. FOR ADDITIONAL PERSONS, CONTINUE LIST ON AN ATTACHED SHEET.

- 1.
- 2.
- 3.
- 4.
- 5.

ATTACH CERTIFICATES - You must attach a current certificate issued by the California Massage Therapy Council, pursuant to Chapter 10.5 of the California Business and Professional Code, for each person administering massage at this location. If the above list of persons changes, it is the applicant’s responsibility to submit a new Massage Letter Application to enable the City to verify the certificates of any new staff.

FOR OTHER MASSAGE USES

CHECK THE PROPOSED MASSAGE USE AT YOUR LOCATION:

A State-approved massage school.

Massage is administered by a voluntary professional certified massage therapist in conjunction with state licensed physician, surgeon, chiropractor, acupuncturist, dentist, osteopath, physical therapist, or registered nurse and only for the patients of the aforementioned as a part of their professional course of treatment.

Athletic club or full-service barber or beauty salon where not more than 15% of floor space is used for massage activity. Full-service barber - At minimum, must provide hair styling, shampoo, and shave services.

Full-service beauty salon - At minimum, must provide hair styling, shampoos, and facials.

BRIEFLY LIST SERVICES PROVIDED CONTINUE LIST ON ATTACHED SHEET IF NECESSARY:

ATTACH FLOOR PLAN - You must submit a floor plan with your application, drawn to scale, showing all uses and services.

FOR MASSAGE PARLORS

IS THE PROPOSED USE LOCATED:

a) In the Downtown Core Area? <i>If YES, the use <u>cannot</u> be located at the Project Address listed on page 1.</i>	NO	YES
b) Within 500 feet of any public or private school or college or university? <i>If YES, the use <u>cannot</u> be located at the Project Address listed on page 1.</i>	NO	YES
c) In a Commercial General (CG) Zoning District or equivalent Planned Development (PD) Zoning District? <i>If NO, the use <u>cannot</u> be located at the Project Address listed on page 1. Per Section 20.80.020 of the San Jose Municipal Code, a massage parlor can only be located in CG or PD zoning districts that allow such uses.</i>	NO	YES
d) Within 200 feet, regardless of city boundary, of any other massage parlor or adult book/video store, adult motion picture theater or adult entertainment establishment, OR any property in a residential zoning district? <i>If YES, <u>all</u> criteria below must be met.</i>	NO	YES
Is the proposed use on a 35-acre commercial site?	NO	YES
Is "Regional Commercial" the General Plan designation?	NO	YES
Is the proposed use to be fully contained within a commercial center or facility which has an aggregate square footage of at least 250,000 square feet?	NO	YES

B. - ZONING VERIFICATION FOR A PAYDAY LENDING ESTABLISHMENT

WITH THIS APPLICATION, PLEASE PROVIDE EVIDENCE THAT THE PROPOSED PAYDAY LENDING ESTABLISHMENT CONFORMS TO THE RESTRICTIONS AND CRITERIA LISTED BELOW AND AS SPECIFIED IN ZONING ORDINANCE SECTION 20.80.1055. THE ORDINANCE CAN BE FOUND AT www.sanjoseca.gov/municipalcode.

The establishment is located in a zoning district that allows Payday Lending as a permitted use.

The establishment is not located within a census tract categorized as “Very Low Income” for a two-person household (“Very Low Income Census Tract”), as defined by the U.S. Department of Housing and Urban Development in the most recent U.S. Census Bureau data.

The establishment is not closer than 1,320 feet from the boundary of a Very Low Income Census Tract, as measured from the parcel line of the parcel on which the Payday Lending Establishment is located.

The establishment parcel is not closer than 1,320 feet from any parcel on which another Payday Lending Establishment is located, measured from the closest parcel lines of the respective parcels.

The establishment holds, maintains, and is in compliance with a valid license issued by the State of California under the California Deferred Deposit Transaction Law, as amended from time to time.

ATTACH PARCEL MAP AND OTHER EVIDENCE - You must submit a parcel map (drawn to scale) and any other map or additional evidence that the proposed Payday Lending Establishment meets all of the above criteria.

C. - LEGAL NONCONFORMING DETERMINATION LETTER

FOR A LEGAL NONCONFORMING DETERMINATION LETTER, YOU MUST **SUBMIT THE FOLLOWING ALONG WITH THIS APPLICATION:**

Photographs of the existing building or subject area.

All necessary evidence and documentation supporting your legal nonconforming claim. This may include:

Building permit records, which can be obtained by doing a permit search at the Development Services Permit Center.

Sanborn Insurance Maps, located in the California Room at the Martin Luther King, Jr. Main Library at 150 E. San Fernando Street, San José.

Polk & Haines Directories - Copies can be obtained from the California Room at the Martin Luther King, Jr. Main Library at 150 E. San Fernando Street, San José.

Santa Clara County Building Permits - This information can be obtained from the Santa Clara County Department of Planning and Development, located on the 7th floor at 70 West Hedding Street, San José.

Santa Clara County Assessor’s Records - This information can be obtained from the Santa Clara County Assessor’s Office, located on the 5th floor at 70 West Hedding Street, San José.

Alcoholic Beverage Control history - This information can be obtained from the Department of Alcoholic Beverage Control at 100 Paseo de San Antonio, Room 119, in San Jose.

Department of Motor Vehicles history - This information can be obtained from the Department of Motor Vehicles at 111 West Alma Avenue, San José.

Copies of prior/current leases.

Business Licenses - These records can be obtained from the City of San Jose Finance Department on the 1st floor at 200 East Santa Clara Street, San José.

Business Receipts.

Copies of Yellow Pages or White Pages listings.