

ZONING VERIFICATION

APPLICATION – **MUST BE SUBMITTED IN PERSON**

CITY OF WATSONVILLE – Community Development Department

250 Main Street

Watsonville CA 95076

(831) 768-3050 | (831) 728-6154 fax



PERMIT No.: _____ FEE: _____

GENERAL INFORMATION

BUSINESS NAME _____ PHONE _____

BUSINESS ADDRESS _____

APPLICANT NAME _____ PHONE _____

APPLICANT ADDRESS _____

PROPERTY OWNER NAME _____ PHONE _____

PROPERTY OWNER ADDRESS _____

SITE INFORMATION

PROPOSED BUSINESS/USE:

DECLARATION

I hereby declare under penalty of perjury that the information contained in this application is true and accurate to the best of my knowledge, that I agree to operate the described business in strict compliance with city zoning regulations, and that this application is being submitted with the consent of the property owner. I have no intentions of completing tenant improvements with the startup of this business and acknowledge that this form grants zoning verification only and does not exempt me from fully complying with all other City requirements including but not limited to Use Permit, Building Permit, Fire Clearance, etc.

Applicant's Signature

Date

STAFF USE ONLY

Applicants for the establishment of a medical cannabis facility are required to obtain a Zoning Verification Letter in order to ensure that a proposed site meets zoning and locational requirements, pursuant to Section 14-53.112 of the Watsonville Municipal Code.

APN _____ ZONING DISTRICT _____ CONDITIONALLY PERMITTED USE? (Y/N) _____

DATE APPROVED _____ STAFF SIGNATURE _____

APPROVED DENIED COMMENTS/CONDITIONS

COMMENTS/CONDITIONS

