



# Application for Business within a Business BOP Waiver

A business occupancy permit (BOP) is required for the use of property. However, businesses and/or individuals that are part of (and secondary and accessory to) an existing legally established primary use may apply under the BOP granted to the primary use. Please submit this form to the Development Services Department, with a fee of \$21, so that the proposed use may be reviewed as an accessory use to a valid BOP.

DO NOT WRITE HERE - FOR OFFICE USE ONLY  
 Accepted by Staff: \_\_\_\_\_ Date: \_\_\_\_\_  
 BOP#: \_\_\_\_\_ ; License No. \_\_\_\_\_  
 License active:  Yes  No  
 APN: \_\_\_\_\_ Zone: \_\_\_\_\_ CMC: \_\_\_\_\_  
 Alteration/Intensification/Conversion:  Yes  No  
 Zoning Clearance:  Yes  No, due to \_\_\_\_\_  
 Staff: \_\_\_\_\_; Date: \_\_\_\_\_  
 Notes : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PRIMARY (EXISTING) BUSINESS/USE

Business License No.: \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit No. \_\_\_\_\_

Business/ Property Name \_\_\_\_\_

Business/Use Description (e.g. hair salon, office, etc) \_\_\_\_\_

I hereby certify that I am the owner or authorized representative of the existing use/business stated above which has been granted a business occupancy permit (BOP).

Signature \_\_\_\_\_

Date \_\_\_\_\_

E-mail Address \_\_\_\_\_

Print Name \_\_\_\_\_

Title (if company) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
 Phone Number

Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
 Fax Number

## ACCESSORY/SECONDARY (PROPOSED) BUSINESS/USE

CHECK ONE:  Cosmetologist  Swap Meet  Massage  Vending  Other

Business Name \_\_\_\_\_

Business/Use Description (e.g. hair salon, medical, etc) \_\_\_\_\_

No. of employees: \_\_\_\_\_ Tenant Area (sq ft) : \_\_\_\_\_ Any outdoor activities? :  Yes  No

I hereby certify that I am the owner/operator of the proposed use/business stated above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

E-mail Address \_\_\_\_\_

Print Name \_\_\_\_\_

Title (if company) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
 Phone Number

Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_

Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
 Fax Number