



ZONING APPROVAL HOME COTTAGE FOOD

835 East 14th Street, San Leandro, CA 94577 (510) 577-3378



MUST BE SUBMITTED IN PERSON FOR APPROVAL

Business Name		
Property Address <small>Address</small> San Leandro CA <small>City State Zip</small>	Owner Name	
	Email	
ZONING CODE SECTION 4-1688	TO BE COMPLETED BY APPLICANT	OFFICIAL USE ONLY PLANNING STAFF
1. Distance between Cottage Food Operations *	_____ feet	<input type="checkbox"/> Minimum 150 feet
2. Continuous on street parking in front of home *	_____ feet	<input type="checkbox"/> Minimum 32 feet
3. Parking and Circulation Plan	Please attach drawing of house, driveway, parking	<input type="checkbox"/> Attached
4. Maximum Noise Allowance, up to 55 dB	<input type="checkbox"/> I agree _____ (initial)	<input type="checkbox"/> Agreed
5. Deliveries by USPS or similar carrier, or by trucks, vans of 3/4 ton or less in size	<input type="checkbox"/> I agree _____ (initial)	<input type="checkbox"/> Agreed
6. Number of off-street parking spaces	Covered/Garage: _____ Driveway: _____	Covered/Garage: _____ Driveway: _____
7. Number of employees	# of Employees _____	
8. Sales of Products at Home	<input type="checkbox"/> YES <input type="checkbox"/> NO	
* Requirements #1 and #2 will not apply when there is no sales of products at the residence OR there are 2+ off-street spaces for guest parking.		
Alameda County Health Licensing	Alameda County License # _____ Date Issued _____	

OFFICIAL USE ONLY
Business License #
APN #
Zoning District
PLANNING
<input type="checkbox"/> This property meets all of the criteria required by Section 4-1688 of the San Leandro Zoning Code.
<input type="checkbox"/> This application does not comply with one or more of the standards set forth in Section 4-1688.C of the San Leandro Zoning Code. An Administrative Exception is required per Section 4-1688.E.
Circle: APPROVED / DENIED
By:
Date:

STAFF COMMENTS

CERTIFICATION & ACKNOWLEDGMENT	PROPERTY OWNER / PROPERTY MANAGEMENT
I (We) have read and understand the requirements of a Cottage Food Operation as outlined in Section 4-1688 of the City of San Leandro Zoning Code. I (We) understand that operating a Cottage Food Operation that is not in compliance with Section 4-1688 shall be grounds for revocation of the permit. I (We) also understand that this approval may not be transferred to another person or address unless a new application is filed and approved. I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the San Leandro Municipal Code. I understand that the filing of this application and payment of fees does not entitle me to commence or carry on any business in the City of San Leandro until said Business License is approved and issued. Upon issuance of a Business License, it shall be my responsibility to renew the license annually by January 31st.	Name _____
	Address _____
	City, State, Zip _____
	Email _____
	Phone _____
Signature of <input type="checkbox"/> Business Owner or <input type="checkbox"/> Authorized Representative	Signature of <input type="checkbox"/> Property Owner or <input type="checkbox"/> Property Management
Print Name _____	Date _____