



Los Angeles County
Department of Regional Planning
Planning for the Challenges Ahead



Zoning Conformance Review for DMV Referrals

<p style="text-align: center;"><u>Application Checklist</u></p> <p>Please review carefully and sign your initials to certify that you understand all requirements.</p> <p>___ All DMV referrals require a Zoning Conformance Review application and the applicable fees.</p> <p>___ An inspection will be required for each vehicle dealer's license application.</p> <p>___ In addition to this application, a Site Plan Review application and additional fee may be required.</p> <p>___ You may be asked to provide copies of building permits for existing structures and signs.</p>	<p style="text-align: center;"><u>FOR STAFF USE ONLY</u></p> <p>Permit No. _____</p> <p>Zone: _____ Plan Category: _____</p> <p>CSD/TOD: _____</p> <p>RFS/Enforcement: _____</p>						
Business Information	Applicant's Contact Information						
<p>Business Name and Address</p> <p>Assessor's Parcel Number:</p>	<p>Applicant's Name and Address</p> <p>Phone:</p> <p>Email:</p>						
Project Information- please check all boxes that apply							
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> New Cars</td> <td style="width: 50%;"><input type="checkbox"/> Retail</td> </tr> <tr> <td><input type="checkbox"/> Used Cars</td> <td><input type="checkbox"/> Wholesale</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> DMV Registration Services</td> </tr> </table>	<input type="checkbox"/> New Cars	<input type="checkbox"/> Retail	<input type="checkbox"/> Used Cars	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Other	<input type="checkbox"/> DMV Registration Services	<p>Will there be on-site display/storage of vehicles?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<input type="checkbox"/> New Cars	<input type="checkbox"/> Retail						
<input type="checkbox"/> Used Cars	<input type="checkbox"/> Wholesale						
<input type="checkbox"/> Other	<input type="checkbox"/> DMV Registration Services						
Signs							
<p>Do you have an existing sign (other than a window sign)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>If yes</u>, will the sign be replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If your sign will not be replaced, please submit a copy of the building permit for the existing sign.</p> <p>If one of the following options apply, a site plan review application may be required:</p> <ol style="list-style-type: none"> 1. There are no building permits for your existing sign 2. You are proposing a new sign 3. You are replacing an existing sign 							

Property Layout

Please use the space below to sketch an aerial view of the project area with existing buildings and tenant spaces identified. Also include the existing parking area and any display area (if applicable). Additional sheets may be attached as needed.

Parking Information:

Total number of existing parking spaces _____ Number of display spaces _____

Applicant Certification

I hereby certify that:

1. The information provided in this application, including all attachments, is accurate and correct;
2. The property owner is aware of and agrees to the submittal of this application and contents therein; and
3. I understand that the submittal of inaccurate or incomplete information may result in processing delays and/or denial of my application.

Signature: _____ Date: _____

(ORIGINAL SIGNATURE SIGNED IN BLUE INK)

Review determination and notes (staff use only)

- Approved
 Denied
 Site Plan Required

Comments: _____

Signature: _____

Date: _____

Attachment _____

Stamp