



# City of Sonora

Community Development Department  
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## ZONING AFFIDAVIT

### Instructions for Applicant

Complete all portions of items one through seven in the "To be Completed by Applicant" box below and bring or mail to the City Community Development Department. The City will forward the original copy of the affidavit to the appropriate agency. Any false or misleading information will constitute grounds for denial of the application for the license or permit or if the license or permit 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 or permit so issued.

<b>To be Completed by Applicant Please PRINT</b>	
1. Applicant:	Land Use Project No(s):
2. Email Address:	Phone Number:
3. Name of business:	
4. Location of business/land use:	
5. Assessor's Parcel No.:	
6. Type of business/land use:	
7. Date of operation (if use is temporary):	
8. Applicant's Signature:	Date:
<b>For Use by Referring Department Only</b>	
9. Type of permit or license requested: Fictitious Name Statement	
10. Referring agency:	County Clerk
11 Referring agency contact person:	Date:
<b>For Community Resources Agency Use Only</b>	
12. Zoning:	
13. Does zoning allow intended use?	
14. Other permits required for use:	
15. Other comments:	
16. Planner's Signature:	Date: