PLANNING DEPARTMENT
OPERATIONAL STATEMENT CHECKLIST

It is important that the operational statement provides for a complete understanding of your proposal. The statements that you submit **must address all** of the following **that apply** to your proposal.

Your operational statement **must be** typed or written in a **legible** manner in the spaces provided. Answer all statements that apply to your business. **Those that do not apply, enter "N/A".** Use additional sheets if necessary.

_____   _____
Business Name   Business Address

APN: _____ **(For your APN, Please call the Madera County Assessor's Office at (559) 675-7710.)

1.   Nature of the operation – What do you propose to do? **PLEASE DESCRIBE IN DETAIL**

   _____

   _____

   _____

   _____

2.   What products will be produced by the operation? _____

3.   What is the existing use of your property? _____

4.   What are the surrounding land uses on the North, South, East and West? _____

   _____

   _____

5.   List the hours of operation: _____   Number of Days per Week: _____

   If Seasonal, list the months of operation: _____

6.   Number of Customers or Visitors per day: _____   Maximum per Day: _____

   During what hours will customers visit your property? _____

7.   Number of current employees **(including self):** _____ Future employees **(not counting current)**: _____

   Will any live on site **(including self)**? YES [   ]   NO [   ]

8. Are any goods to be sold on site?   YES [   ]   NO [   ]

   If yes, are these goods grown or produced on site or at some other location? _____

   _____

   Describe products being offered for sale: _____

   _____

9. Number and type of service or delivery vehicles: _____

10. What equipment is used? If appropriate, provide pictures or a brochure. _____

   _____

11. Will the operation or equipment used generate noise above existing levels in the area? YES [   ]   NO [   ]

   If yes, explain _____

12. Describe the supplies or materials used and how they will be stored: _____

   _____

   _____

13. Will hazardous materials or waste be produced as part of this business? YES [   ]   NO [   ]

   If yes, explain _____

14. Will the existing buildings be used or will a new building be constructed? _____

   _____

   _____

15. Explain which building(s) or what portion of the building(s) will be used in your operation: _____

   _____

   _____

16. Please include any other information that will provide a clear understanding of your business or operation:

   _____

   _____

   _____

_____   _____
Applicant's Signature   Date