Planning Application #: 15-061

Date Received: 8/3/15
Fee Paid: $1,101.00
Receipt #: 89959

City of Albany

PLANNING APPLICATION FORM

Please complete the following application to initiate City review of your application. Please be aware that staff may have additional application requirements. For projects requiring Planning and Zoning Commission review, please schedule an appointment with Planning Division staff. The Community Development Department office is open to accept applications Monday, 8:30 AM to 7:00 PM, Tuesday through Thursday 8:30 AM to 5:00 PM, and Friday 8:30 AM to 12:30 PM (closed Noon – 1:15 PM, Mon. – Thu.) at 1000 San Pablo Avenue, Albany, CA 94706 (510) 528-5760.

Fee Schedule (FY 2014-2015)

☐	Design Review*	$2,072/ Admin. $1,101
☐	Parking Exceptions/Reductions - see separate handout*	$Actual Cost/Min $2,072
☐	Conditional Use Permit (major)*	$Actual Cost/Min $2,072
☐	Conditional Use Permit (minor)*	$1,101
☐	Sign Permit	$1,479/$461 Admin.
☐	Temporary/Seasonal Conditional Use Permit*	$461
☐	Lot Line Adjustment*	$Actual Cost/Min $1,101
☒	Secondary Residential Unit*	$1,101
☐	Parcel/Subdivision Map; Planned Unit Development; Condo Conversion*	~~$3,357~~
☐	Variance*	$2,072
☐	Other(s): _____	$_____

**When obtaining more than one planning approval, the full amount for the highest fee will apply and ½ fee will be charged for any other ones.*
General Plan Update Fee $45 included in the fees above. This fee only needs to be paid once for each separately submitted application.

Job Site Address: 731 JACKSON ST.		Zoning District:
Property Owner(s) Name: MATIN MIRAFTAB	Phone: 510-473-3248 Fax:	Email: @gmail.com MMIRAFtab20
Mailing Address: 930 FILLMORE #1	City: ALBANY	State/Zip: CA 94706
Applicant(s) Name (contact person): MATIN MIRAFTAB	Phone: Fax:	Email:
Mailing Address:	City:	State/Zip:

PROJECT DESCRIPTION

~~2nd in-law unit~~
SECONDARY RESIDENTIAL UNIT
(NEW DETACHED BLDG).

Please fill out the following information correctly. **Failure to fill out the information adequately or incompletely will result in your application to not be processed.** If you have any additional questions, please contact staff for details.

ARCHITECTURAL STYLE

The architectural style/appearance of the home is: _____

GENERAL INFORMATION

Item	Existing	Proposed
What is your lot coverage?	25	39
What is the amount of impervious surface on the lot?	1575	2070
How many dwelling units are on your property?	1	2
How many off-street parking spaces do you have? (front yard parking is not counted unless previously approved by the City)	2	2
What are the dimensions of parking spaces? (give interior dimensions of enclosed parking spaces)	31'-4" ft. X 8'-7" ft.	31'-4" ft. X 8'-7" ft.
What is the narrowest width of your driveway?	8'-7"	8'-7"

SITE REGULATIONS BY DISTRICT

	Existing	Proposed Construction	Requirement
Setbacks			
Front ( )	12		
Side ( )	41-4"		
Side ( )	60'-7"		
Rear ( )	22'-5"	4'-0"	
Area			
Lot Size	3800	-	--
Lot Coverage	25%	39%	50%
Maximum Height	21	21	28' max.

***In parentheses, please note the elevation (i.e. north, east, west, south)**
****Please refer to the attached Basic Site Regulations handout attached to this application for setback information.****

FLOOR AREA RATIO

	Existing	Proposed	Requirement
Lot Size	3800	3800	--
Floor Area	1243	1738	
Garage/Storage	—	—	
Main Level	1991+495=1546		--
Second-floor	430	—	
Total	1421	1916	--
Total Counted*	1421	1916	--
Floor Area Ratio*	37.4	50%	55%

* 220 sq. ft. may be exempted from "total counted" for covered parking and 60 sq. ft. may be exempted for stairs as permitted by MC 20.24.050.

TERMS AND CONDITIONS OF APPLICATION

I, the undersigned owner (or authorized agent) of the property herein described, hereby make application for approval of the plans submitted and made part of this application in accordance with the provisions of the City's ordinances, and I hereby certify that the information given is true and correct to the best of my knowledge and belief.

I understand that the requested approval is for my benefit (or that of my principal). Therefore, if the City grants the approval with or without conditions, and that action is challenged by a third party, I will be responsible for defending against this challenge. I therefore agree to accept this responsibility for defense at the request of the City and also agree to defend, indemnify and hold the City harmless from any costs, claims, penalties, fines, judgments, or liabilities arising from the approval, including without limitation, any award or attorney's fees that might result from the third party challenge.

For this purposes of this indemnity, the term "City" shall include the City of Albany, its officers, officials, employees, agents and representatives. For purposes of this indemnity, the term "challenge" means any legal or administrative action to dispute, contest, attack, set aside, limit, or modify the approval, project conditions, or any act upon which the approval is based, including any action alleging a failure to comply with the California Environmental Quality Act or other laws.

The signature of the property owner is required for all projects. By executing this form you are affirming that you are the property owner.

8-3-15

Signature of Property Owner Date

Signature of Applicant (if different) Date

PROJECT ADDRESS:_____

SUBMITTAL REQUIREMENTS FOR PLANNING AND ZONING APPLICATIONS
REQUIREMENTS MAY VARY WITH INDIVIDUAL PROJECTS – CONTACT STAFF FOR DETAILS

SELF-CERTIFICATION CHECKLIST

As part of the application, the following requirements must be included and <u>each box</u> checked by the applicant certifying that requirements have been satisfied.

- ❑ One (1) complete pdf version of plans (one document containing all pages)
- ❑ One (1) full-size set of plans
- ❑ Green Building Checklist
- ❑ Site survey prepared by a licensed surveyor for projects where construction is proposed less than 4 ft. from the property lines
- ❑ Installation of story poles ten days before the public hearing (second story additions only)

Project plans include the following for a complete submittal:

- ❑ Cover page including project description with FAR and lot coverage information
- ❑ Dimensioned site plan including proposed parking layout and curb cuts
- ❑ Existing elevations with building heights
- ❑ Proposed elevations with building heights
- ❑ Building sections
- ❑ Floor plans (existing and new)
- ❑ Roof plan
- ❑ Window schedule/details
- ❑ Street elevation showing neighboring properties
- ❑ Detailed photos of the existing home and proposed location of new development

Please check each box indicating you have sign below indicating that you have included all of the above information and understand that your applicant will not be processed until all of the information is included.

I have included the above information and understand that if there any incomplete information, my application will not be processed.

x_____ Date: 8-3-15

Print Name: _____

Please contact the Community Development Department if you have any additional questions. We are open with the following hours:

Monday, 8:30 AM-7:00 PM
Tuesday-Thursday 8:30 AM-5:00 PM
Friday 8:30 AM-12:30 PM
Closed for lunch from 12pm-1:15 pm daily
Albany City Hall
1000 San Pablo Avenue, Albany, CA 94706
TEL: (510) 528-5760