

Planning Application #: 15-058

Date Received: 7/28/2015  
 Fee Paid: 2072.00  
 Receipt #: 89890

# City of Albany

## PLANNING APPLICATION FORM NON-RESIDENTIAL

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 - 1PM, Mon. - Thu.) at 1000 San Pablo Avenue, Albany, CA 94706 (510) 528-5760.

### Fee Schedule (FY 2014-2015)

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

\*When obtaining more than one planning approval, the full amount for the highest fee will apply and 1/2 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.

**\*\*If applying for a Conditional Use Permit, please complete the Supplemental Questionnaire\*\***

Job Site Address: <u>1775 SOLANO AVE</u>		Zoning District:
Property Owner(s) Name: <u>TONY KERSHAW / SOLANO GROUP</u>	Phone: <u>510 524 8122</u> Fax: <u>N/A</u>	Email: <u>+kershaw@kershawinvestments.com</u>
Mailing Address: <u>PO BOX 9026</u>	City: <u>Berkeley</u>	State/Zip: <u>CA 94709</u>
Applicant(s) Name (contact person): <u>CAFE EUGENE, LLC JON BRUHL</u>	Phone: <u>510 813 3404</u> Fax: <u>N/A</u>	Email: <u>jonbruhl@me.com</u>
Mailing Address: <u>1775 SOLANO AVE</u>	City: <u>ALBANY</u>	State/Zip: <u>CA 94706</u>

### PROJECT DESCRIPTION (Please attach plans)

OBTAINING TYPE 47 LIQUOR LICENSE

**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.

\_\_\_\_\_  
Signature of Property Owner Date

\_\_\_\_\_  
Signature of Applicant (if different) Date



# City of Albany

## CONDITIONAL USE PERMIT SUPPLEMENTAL QUESTIONNAIRE

The City of Albany Municipal Code contains findings for approval of Conditional Use Permits. Your answers to these questions allow staff to process your application. There may be additional questions based on your responses below. After your application is accepted for processing, staff and the Planning & Zoning Commission (if applicable) will likely make at least one field visit to the Site and neighborhood.

1. What is (was) the use in this building/tenant space prior to your proposal?  
NO CHANGE - RESTAURANT
2. What use are you proposing? liquor license <sup>TYPE 47</sup>
3. Proposed hours/days of operation? 7am - 10pm 7 days a week
4. Maximum number of employees expected on site at any one time? (include owners/partners) 10
5. For instructional uses/assemblies of people/classes, etc. what is the maximum number of participants expected on site at any one time?  
N/A
6. For restaurants and cafes, will beer/wine/liquor be served? yes
7. How large is the space your business will occupy? 1900 sq/ft
8. Do you have off-street parking? If so, how many spaces? yes, 22 in lot

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 12 PM – 1 PM daily

Albany City Hall  
1000 San Pablo Avenue, Albany, CA 94706  
TEL: (510) 528-5760



**ZONING AFFIDAVIT**

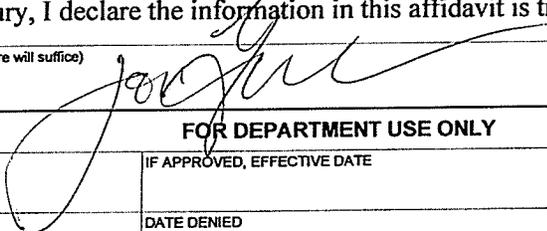
*Instructions to the Applicant: Complete Items 1 - 14. Sign and date the form and submit it to ABC.*

1. APPLICANT(S) NAME (Last, first, middle) <b>Cafe Eugene, LLC</b>		
2. PREMISES ADDRESS (Street number and name, city, zip code) <b>1175 Solano Ave., Albany, CA 94706</b>		3. PARCEL NUMBER OF PROPERTY (Obtain from County Assessor's Office)
4. TYPE OF LICENSE APPLIED FOR <b>47-On Sale General Eating Place</b>	5. UPGRADE OF LICENSED PRIVILEGES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6. CURRENT LICENSE TYPE AT THIS LOCATION, IF ANY <b>41 On Sale Beer &amp; Wine Eating Place</b>
7. TYPE OF BUSINESS (i.e., restaurant, mini-mart, gas station, etc.) <b>Restaurant</b>		8. ARE THE PREMISES INSIDE THE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

*For answers to Questions 9 - 14, contact your local city OR county planning department (if inside the city limits, contact city planning; if outside, contact county planning.*

9. HOW ARE APPLICANT PREMISES ZONED? STATE TYPE (i.e., "C" commercial, "R" residential, etc.) <b>SC-Solano Commercial</b>		
10. DOES ZONING PERMIT INTENDED USE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11. IS A CONDITIONAL USE PERMIT (C.U.P.) NEEDED? (If yes, please attach copy of receipt or C.U.P.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12. IF YES, DATE YOU FILED APPLICATION FOR C.U.P. <b>7/28/2015</b>
13. NAME OF PLANNER CONTACTED AT PLANNING DEPARTMENT <b>Anne Hersh</b>		14. PLANNER'S PHONE NUMBER <b>510-528-5765</b>

Under the penalty of perjury, I declare the information in this affidavit is true to the best of my knowledge.

15. APPLICANT'S SIGNATURE (One signature will suffice) 	16. DATE SIGNED <b>July 28, 2015</b>
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**FOR DEPARTMENT USE ONLY**

<input type="checkbox"/> C.U.P. Approved	IF APPROVED, EFFECTIVE DATE	FILE NUMBER
<input type="checkbox"/> C.U.P. Denied	DATE DENIED	

**GENERAL INFORMATION**

•Section 23790 of the Business and Professions Code says that ABC may not issue a retail license contrary to a valid zoning ordinance. This form will help us determine whether your proposed business is properly zoned for alcoholic beverage sales.

•A conditional use permit (CUP) (Item 11) is a special zoning permit granted after an individual review of proposed land-use has been made. CUP's are used in situations where the proposed use may create hardships or hazards to neighbors and other community members who are likely to be affected by the proposed use. The ABC district office will not make a final recommendation on your license application until after the local CUP review process has been completed. If the local government denies the CUP, ABC must deny your license application.

**23790. Zoning ordinances.** No retail license shall be issued for any premises which are located in any territory where the exercise of the rights and privileges conferred by the license is contrary to a valid zoning ordinance of any county or city.

Premises which had been used in the exercise of those rights and privileges at a time prior to the effective date of the zoning ordinance may continue operation under the following conditions:

- (a) The premises retain the same type of retail liquor license within a license classification.
- (b) The licensed premises are operated continuously without substantial change in mode or character of operation. For purposes of this subdivision, a break in continuous operation does not include:
  - (1) A closure for not more than 30 days for purposes of repair, if that repair does not change the nature of the licensed premises and does not increase the square footage of the business used for the sale of alcoholic beverages.
  - (2) The closure for restoration of premises rendered totally or partially inaccessible by an act of God or a toxic accident, if the restoration does not increase the square footage of the business used for the sale of alcoholic beverages.

