

Planning Application #: 16-006

Date Received: 2/5/16  
 Fee Paid: \$2,072  
 Receipt #: 93098

# 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 2015-2016)

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

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

Job Site Address: 1402 Solano Avenue		Zoning District:
Property Owner(s) Name: Gang You Wang	Phone: 510 735 5588 Fax:	Email:
Mailing Address: 2600 Hilltop Dr. Bldg A	City: Richmond Ca	State/Zip: 94806-1971
Applicant(s) Name (contact person): James Gwise	Phone: Fax:	Email:
Mailing Address: 1637 Solano Ave	City: Berkeley	State/Zip: 94707

### PROJECT DESCRIPTION (Please attach plans)

Convert Existing unused space at first level to a 2 bedroom, 2 bathroom apartment.

---

Mitigate existing non-compliant stair case and reconstruct porch floor. Replace

---

Existing windows at first floor. All materials to match existing

---

**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.

Gavin Xou Wang 2/4/2016  
Signature of Property Owner Date

[Signature] 2/4/2016  
Signature of Applicant (if different) Date

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: CRAFTSMAN

**GENERAL INFORMATION**

Item	Existing	Proposed
What is your lot coverage?	.54	.54
What is the amount of impervious surface on the lot?	.8 +/-	.8 +/-
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)	9 ft. X 18 ft.	9 ft. X 18 ft.
What is the narrowest width of your driveway?	10'-6"	10'-6"

**SITE REGULATIONS BY DISTRICT** SC DISTRICT

	Existing	Proposed Construction	Requirement
<b>Setbacks</b>			
Front ( <u>N</u> )	11'	11'	-
Side ( <u>E</u> )	0'	0'	0
Side ( <u>W</u> )	4'	4'	0
Rear ( <u>S</u> )	7'-6"	7'-6"	0
<b>Area</b>			
Lot Size	4,800	4,800	--
Lot Coverage	.54	.54	50% 100%
Maximum Height	22'-0"	22'-0"	28' max. 35'

\*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** SC DISTRICT

	Existing	Proposed	Requirement
Lot Size	4,800	4,800	--
Floor Area			
Garage/Storage			
Main Level	1,490	2,600	--
Second-floor	1,165	1,165	
Total	2,655	3,765	--
Total Counted*			--
Floor Area Ratio*	.55	.78	<del>55%</del>

\* 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.