

Planning Application #: 16-082

Date Received: 10/24/2016  
 Fee Paid: 2625  
 Receipt #: 120-0016

# 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 2016-2017)

<input type="checkbox"/> Design Review*	\$2,625/ Admin. \$1,556
<input checked="" type="checkbox"/> Parking Exceptions/Reductions - see separate handout*	\$Actual Cost/Min \$2,625
<input type="checkbox"/> Sign Permit	\$2,625/\$1,054 Admin.
<input type="checkbox"/> Conditional Use Permit (major)*	\$Actual Cost/Min \$2,625
<input type="checkbox"/> Conditional Use Permit (minor)*	\$1,556
<input type="checkbox"/> Temporary/Seasonal Conditional Use Permit*	\$1,054
<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*	\$2,625
<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: <u>1300 Solano / 903 Key Route</u>		Zoning District:
Property Owner(s) Name: <u>Scott + Vineeta Levine</u>	Phone: <u>415 999-2848</u> Fax:	Email: <u>scottlevinedds@gmail.com</u>
Mailing Address: <u>6722 Charing Cross Road</u>	City: <u>Berkeley</u>	State/Zip: <u>CA 94705</u>
Applicant(s) Name (contact person): <u>Scott Levine</u>	Phone: <u>415/999-2848</u> Fax:	Email: <u>scottlevinedds@gmail.com</u> <u>scottlevinedds@gmail.com</u>
Mailing Address: <u>6722 Charing Cross Road</u>	City: <u>Berkeley</u>	State/Zip: <u>CA 94705</u>

### PROJECT DESCRIPTION (Please attach plans)

change of use to medical for 1300 solano

---



---

**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

10/19/16  
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date