

Planning Application #: 11-055

Date Received: 10/11/11
 Fee Paid: \$1,784
 Receipt #: R.72848



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

Fee Schedule (FY 2009-2010)

<input type="checkbox"/> Design Review*	\$1,784 / Admin. \$639
<input type="checkbox"/> Parking Exceptions/Reductions - see separate handout*	\$ Actual Cost/Min \$1,784
<input checked="" type="checkbox"/> Conditional Use Permit (major)*	\$ Actual Cost/Min \$1,784 ✓
<input type="checkbox"/> Conditional Use Permit (minor)*	\$620
<input type="checkbox"/> Sign Permit	\$1,185/\$423 Admin.
<input type="checkbox"/> Temporary/Seasonal Conditional Use Permit*	\$300
<input type="checkbox"/> Parcel/Subdivision Map; Lot Line Adjustment; Condo Conversion*	\$ Actual Cost/Min \$1,784
<input type="checkbox"/> Secondary Residential Unit*	\$455
<input type="checkbox"/> Planned Unit Development*	\$1,784
<input type="checkbox"/> Variance*	\$1,784
<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.

Job Site Address: <u>1035 Eastshore</u>		Zoning District:
Property Owner(s) Name: <u>Target stores</u>	Phone:	Email:
	Fax:	
Mailing Address:	City:	State/Zip:
Applicant(s) Name (contact person): <u>Tim Southwick</u>	Phone: <u>845-2530</u>	Email:
	Fax: <u>848-6110</u>	<u>timsrtob@yahoo.com</u>
Mailing Address: <u>2400 Shattuck Ave.</u>	City: <u>Berkeley</u>	State/Zip: <u>CA 94704</u>

PROJECT DESCRIPTION (Please attach plans if required) _____
Boutique Type Auto Salon
(Auto Dealership)

PROJECT ADDRESS: 1035 Eastshore Hwy

GENERAL INFORMATION (Please fill out this Chart or attach separate plans with information)

Item	Existing	Proposed
Lot Size? (Express in square feet)	43,560	43,560
Gross square footage of all building area (including detached & accessory buildings, garages, etc.)	7,850	7,850
What is the Floor Area Ratio (FAR) (see handout on how to measure for residential projects)		
What is your lot coverage?	43,560	
What is the amount of impervious surface on the lot?		
What is the maximum height of the building? (see handout on how to measure for residential projects)		20'
How many dwelling units are on your property?	None	
How many off-street parking spaces do you have? (front yard parking is not counted unless previously approved by the City)	64	64
What are the dimensions of parking spaces? (give interior dimensions of enclosed parking spaces)	___ ft. X ___ ft.	___ ft. X ___ ft.
What is the narrowest width of your driveway?		
Minimum setbacks from structure to property line Front yard: Side yards: Rear Yard:		

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

[Handwritten Signature] 10/10/2011



City of Albany

SUPPLEMENTAL QUESTIONNAIRE

CONDITIONAL USE PERMIT
(e.g., commercial, institutional, assembly uses
& non-administrative home occupations)

The City of Albany Municipal Code has certain requirements for approving Conditional Use Permits. Your answers to these questions will help staff assess how to process your application. Please understand that this supplemental questionnaire will help staff to further work with you. Thus, we may have additional questions based on your responses below. Additionally, after your application is accepted for processing, staff and Planning and Zoning Commissions (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?
Lot # Parking Lot
2. What are you proposing? Auto Dealership
3. Proposed hours/days of operation? 7:30 to 7:00 P.M. / 7 days
4. Maximum number of employees expected on site at any one time? 9
(include owners/partners)
5. For instructional uses/assemblies of people/classes, etc. what is the maximum number of participants expected on site at any one time? 20
6. For restaurants and cafes, will beer/wine/liquor be served? No

Community Development Department staff is available between 8:30 a.m. and 7:00 p.m., Mondays, 8:30 a.m. through 5:00 p.m. Tuesday through Thursday, and 8:30 a.m. to 12:30 p.m. on Fridays at 1000 San Pablo Avenue, Albany, CA 94706 (510) 528-5760.