Planning Application #:	11-047

Date Received 9/1/11

Fee Paid: 2653.50

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# 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)

	Design Review*	\$1,784 / Admin. \$639
X	Parking Exceptions/Reductions - see separate handout*	\$Actual Cost/Min \$1,784
Ù	Conditional Use Permit (major)*	\$Actual Cost/Min \$1,784
0	Conditional Use Permit (minor)*	\$620
0	Sign Permit	\$1,185/\$423 Admin
	Temporary/Seasonal Conditional Use Permit*	\$300
0	Parcel/Subdivision Map; Lot Line Adjustment; Condo Conversion*	\$Actual Cost/Min \$1,784
	Secondary Residential-Unit*	\$455
	Planned Unit Development*	\$1,784
0	Variance*	\$1,784
0	Other(s):	_ \$

<sup>\*</sup>When obtaining more than one planning approval, the full amount for the highest fee will apply and  $\frac{1}{2}$  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: 745 SAN PABLO AVE ALBAN	14, CA. 94706	Zoning District.
Property Owner(s) Name:  FARAMARZ(=ARA) PAKZAD	Phone: 510-5241782  Fax: 510-5249710	Email: FARAPAK@AOL.com
Mailing Address: 915 OKISHS ST.	City: BENKELLY	State/Zip: CA. 94707
Applicant(s) Name (contact person):  FARA PAKZAD	Phone: Sie-52-41782  Fax: Sie-5249710	Email. FARAPAKO AGLICON
Mailing Address: 915 OXFORD ST.	City: BERKELEY	State/Zip: CA. 94707

PROJECT DESCRIPTION (Please attach plans if required)	CREATING A	BEEL	PUB

PROJECT ADDRESS: 745 San Publo

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

Item	Existing	Proposed
Lot Size? (Express in square feet)	75005F	SAME
Gross square footage of all building area (including detached & accessory buildings, garages, etc.)	1834 SF.	SAME
What is the Floor Area Ratio (FAR) (see handout on how to measure for residential projects)		
What is your lot coverage?		
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)		
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)	NONE	
What are the dimensions of parking spaces?  (give interior dimensions of enclosed parking spaces)	μυΝΕ ft Xft	ft Xft
What is the narrowest width of your driveway?		
Minimum setbacks from structure to property line Front yard: Side yards: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

#### 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



## 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.

What are you proposing? BEER PUB
Proposed hours/days of operation? 7 DAY 11 A.M 2 A.M
Maximum number of employees expected on site at any one time? 4 (include owners/partners)
For instructional uses/assemblies of people/classes, etc. what maximum number of participants expected on site at any one time?
For restaurants and cafes, will beer/wine/liquor be served?BEE
unity Development Department staff is available between 8:30 a.1

 $J. \verb|\forms\p| anning \verb|\CUPSupplemental Question naire Commercial|$ 

