

CITY OF PIEDMONT
120 VISTA AVENUE
PIEDMONT, CA 94611
TEL: (510) 420-3050
FAX: (510) 658-3167

RECEIVED BY _____
FEE PAID _____
DATE FILED _____
NUMBER _____
PLANNER _____
(For staff use only)

A CONDITIONAL USE PERMIT is required for a proposed change in the number of dwelling units in a multiple dwelling in Zone C; a change in actual existing use or a structural change relating to a commercial use in Zone D; or a proposed new church, school, multiple dwelling unit or commercial use, as outlined in the City's Municipal Code (§17.68).

Please complete the following application form and submit a floor plan and a \$2,115 (\$655 for minor modifications) application fee. If you believe your application is a minor modification, please contact the City Planner. Please note that planning application fees are non-refundable.

In addition to this Conditional Use Permit application, you may also need one or more of the following applications if your project proposes physical modifications, a variance or a new or modified sign:

- Design Review Permit
- Design Review Permit reviewed by the Director
- Expedited Design Review Permit
- Fence Design Review Permit
- Non-Residential Sign Design Review Permit
- Building Permit Application

Applicant and Property Owner Information

Name of Business/Organization _____	
Address of Property _____	Zip Code: _____
Name of Applicant _____	
Affiliation of Applicant (owner, lessee, purchaser, agent, etc.) _____	
Lease Expiration Date (if applicable) _____	
Mailing Address of Applicant (if different from above) _____	
Telephone # of Applicant _____	Email of Applicant _____
Name(s) of Property Owner(s) _____	
Mailing Address of Property Owner(s) (if different from above) _____	
City, State, Zip Code: _____	
Telephone # of Property Owner(s) _____	Email of Property Owner(s) _____

Design Professional/Property Owner Agent Information

Name of Design Professional/Agent _____	
Mailing Address of Design Professional/Agent _____	
_____ City, State, Zip Code: _____	
Telephone # of Design Professional _____	Email of Design Professional _____
Professional License Number _____	Expiration Date _____
Piedmont Business License Number _____	Expiration Date _____
(required for all design professionals/contractors/engineers/agents)	
(Please contact the City Clerk at 510-420-3040 for Piedmont Business License information.)	

Type of Business/Organization _____

Current Use and/or Proposed Use of Business/Organization (describe functions and/or operating characteristics of the business or organization. Please be specific) _____

Exterior and Interior Changes to be Made to Existing Structure (if applicable. Please be specific) _____

Type(s) of Staff/Personnel (Please indicate the amount of each type of staff/personnel. Please be specific) _____

Days and Hours of Operation _____

Projected Busiest Hours/Days _____

Maximum Number of People Using Business/Organization *at one time* _____

Number of On-Site Parking Spaces (indicate whether these parking spaces are for staff or visitors) _____

Please list all Potential Neighborhood Impacts from Business Related Activities (i.e. parking, deliveries, foot traffic, etc.) _____

Please indicate how this use will be a benefit to Piedmont residents _____

Anticipated Gross Annual Revenue _____ Term of the Lease _____

Please indicate what steps you have taken to discuss this project with your neighbors prior to submittal:

Please indicate what steps you have taken to discuss this project with City staff prior to submittal:

Authorization of Design Review Submittal

My signature below signifies that I:

- have read the background document and have provided all applicable information.
- have reviewed the legal description on my property deed for all recorded easements and deed restrictions (*Please provide a description here of the easements and restrictions that were indicated on your property deed*) _____
- believe the information provided in this application is accurate to the best of my knowledge.
- am aware that City staff, Planning Commissioners and/or City Council Members will be on my property to review the proposal. (*Please note any special instructions regarding access to your property such as dogs, gates, alarms, etc.*) _____
- understand that this application is heard by both the Planning Commission and City Council. The Planning Commission shall recommend to the City Council that the permit be approved or denied. The City Council shall take final action on the application.
- understand that if there is a third party administrative, legal or equitable action challenging the project approvals, including CEQA issues, that I, the Property Owner, shall defend and indemnify the City against any liability, fees and costs arising out of the defense, including the costs of City's own counsel. If such an action is filed, the Property Owner and City shall then enter into an agreement regarding selection of counsel and other provisions related to the defense. For this purpose, "City" includes the City and its elected and appointed officials, agents, officers and employees.

➤ SIGNATURE OF APPLICANT _____ date _____

➤ SIGNATURE OF PROPERTY OWNER _____ date _____

Agent Authorization

This authorization must be signed by the property owner if the applicant is not the property owner.

I authorize _____ to act as my agent in the processing of all matters pertaining to this application.

➤ SIGNATURE(S) OF PROPERTY OWNER(S) _____ date _____

APPLICANT'S CONDITIONAL USE PERMIT FINDINGS

Please describe how the proposed application meets the following Conditional Use Permit criteria outlined in Chapter 17 of the City's Municipal Code (§17.68.040).

(1) The proposed use is compatible with the general plan and conforms to the zoning code. *(Describe how the proposed use conforms with the goals, policies and actions of Piedmont's General Plan, and the requirements of Chapter 17 of the Municipal Code.)*

2. The use is primarily intended to serve Piedmont residents (rather than the larger region). *(Describe how the proposed use will benefit Piedmont Residents.)*

3. The use will not have a material adverse effect on the health, safety or welfare of persons residing or working in the vicinity. Considerations for this finding include: no substantial increase in traffic, parking, or noise; no adverse effect on the character of the neighborhood; no tendency to adversely affect surrounding property values. *(Describe the effect, if any, of the proposed use on the health, safety or welfare of persons in the vicinity.)*

**Review by the
PIEDMONT PLANNING COMMISSION**

**CONDITIONAL USE PERMIT APPLICATION DUE DATES
AND MEETING DATES FOR 2018**

APPLICATION DUE DATES:

Design review permit applications must be submitted to the Planning Department, 120 Vista Avenue, **by 4:30 pm**, 30 days prior to the meeting.

FRIDAY, OCTOBER 13, 2017

THURSDAY, NOVEMBER 9, 2017

FRIDAY, DECEMBER 8, 2017

FRIDAY, JANUARY 12, 2018

FRIDAY, FEBRUARY 9, 2018

FRIDAY, MARCH 9, 2018

FRIDAY, APRIL 13, 2018

FRIDAY, MAY 11, 2018

FRIDAY, JUNE 8, 2018

FRIDAY, JULY 13, 2018

FRIDAY, AUGUST 10, 2018

FRIDAY, SEPTEMBER 7, 2018

FRIDAY, OCTOBER 12, 2018

FRIDAY, NOVEMBER 9, 2018

FRIDAY, DECEMBER 14, 2018

MEETING DATES:

The Planning Commission meets on the **second Monday of each month at 5 pm**, Piedmont City Hall, 120 Vista Avenue, in the Council Chambers.

MONDAY, NOVEMBER 13, 2017

MONDAY, DECEMBER 11, 2017

MONDAY, JANUARY 8, 2018

MONDAY, FEBRUARY 12, 2018

MONDAY, MARCH 12, 2018

MONDAY, APRIL 9, 2018

MONDAY, MAY 14, 2018

MONDAY JUNE 11, 2018

MONDAY, JULY 9, 2018

MONDAY, AUGUST 13, 2018

MONDAY, SEPTEMBER 10, 2018

MONDAY, OCTOBER 8, 2018

MONDAY, NOVEMBER 12, 2018

MONDAY, DECEMBER 10, 2018

MONDAY, JANUARY 14, 2018