

**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 \$2,170 (\$675 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.)*

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

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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.)*

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**Review by the  
PIEDMONT PLANNING COMMISSION**

**DESIGN REVIEW PERMIT APPLICATION DUE DATES  
AND MEETING DATES FOR 2019**

**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.

**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.

FRIDAY, OCTOBER 12, 2018

**TUESDAY**, NOVEMBER 13, 2018

FRIDAY, NOVEMBER 9, 2018

MONDAY, DECEMBER 10, 2018

FRIDAY, DECEMBER 14, 2018

MONDAY, JANUARY 14, 2019

FRIDAY, JANUARY 11, 2019

MONDAY, FEBRUARY 11, 2019

FRIDAY, FEBRUARY 8, 2019

MONDAY, MARCH 11, 2019

FRIDAY, MARCH 8, 2019

MONDAY, APRIL 8, 2019

FRIDAY, APRIL 12, 2019

MONDAY, MAY 13, 2019

FRIDAY, MAY 10, 2019

MONDAY, JUNE 10, 2019

FRIDAY, JUNE 7, 2019

MONDAY, JULY 8, 2019

FRIDAY, JULY 12, 2019

MONDAY, AUGUST 12, 2019

FRIDAY, AUGUST, 9, 2019

MONDAY, SEPTEMBER 9, 2019

FRIDAY, SEPTEMBER 13, 2019

MONDAY, OCTOBER 14, 2019

FRIDAY, OCTOBER 11, 2019

**TUESDAY**, NOVEMBER 12, 2019

FRIDAY, NOVEMBER 8, 2019

MONDAY, DECEMBER 9, 2019

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MONDAY, JANUARY 13, 2020