

Planning Application #: 17-024

Date Received: 5/3/2017
 Fee Paid: \$1,556
 Receipt #: 331-0003

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 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 checked="" 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>650 Cleveland Ave.</u>		Zoning District:
Property Owner(s) Name: <u>PETER BEAUDRY</u>	Phone: Fax: <u>510 910 2886</u>	Email:
Mailing Address: <u>650 CLEVELAND Ave</u>	City: <u>ALBANY</u>	State/Zip: <u>Ca 94710</u>
Applicant(s) Name (contact person):	Phone: Fax: <u>splinterconstruction@yahoo.</u>	Email:
Mailing Address:	City:	State/Zip: <u>com</u>

PROJECT DESCRIPTION (Please attach plans)

Convert Art studio into combination
ART STUDIO / Residence



City of Albany

CONDITIONAL USE PERMIT SUPPLEMENTAL QUESTIONNAIRE

The City of Albany Municipal Code contains findings for approval of Conditional Use Permits. Your answers to these questions allow staff to process your application. There may be additional questions based on your responses below. After your application is accepted for processing, staff and the Planning & Zoning Commission (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?
ART STUDIO
2. What use are you proposing? STUDIO / LIVING SPACE.
3. Proposed hours/days of operation? 24
4. Maximum number of employees expected on site at any one time?
(include owners/partners) 4
5. For instructional uses/assemblies of people/classes, etc. what is the maximum number of participants expected on site at any one time?
0
6. For restaurants and cafes, will beer/wine/liquor be served? NO, 1500 sq ft.
7. How large is the space your business will occupy? whole property
8. Do you have off-street parking? If so, how many spaces? 4.

Please contact the Community Development Department if you have any additional questions. We are open with the following hours:

Monday, 8:30 AM – 7:00 PM
 Tuesday – Thursday, 8:30 AM – 5:00 PM
 Friday, 8:30 AM – 12:30 PM
 Closed for lunch from 12 PM – 1 PM daily

Albany City Hall
 1000 San Pablo Avenue, Albany, CA 94706
 TEL: (510) 528-5760