

Planning Application #: 17-068

Date Received: 10/5/17
 Fee Paid: 2717.00
 Receipt #: 485-0001

City of Albany

20170957

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 2017-2018)

<input type="checkbox"/> Design Review*	\$2,717/ Admin. \$1,610
<input checked="" type="checkbox"/> Parking Exceptions/ <u>Reductions</u> - see separate handout*	\$Actual Cost/Min \$2,717
<input type="checkbox"/> Sign Permit	\$2,717/\$1,091 Admin.
<input type="checkbox"/> Conditional Use Permit (major)*	\$Actual Cost/Min \$2,717
<input type="checkbox"/> Conditional Use Permit (minor)*	\$1,610
<input type="checkbox"/> Temporary/Seasonal Conditional Use Permit*	\$1,091
<input type="checkbox"/> Lot Line Adjustment*	\$Actual Cost/Min \$1,140
<input type="checkbox"/> Parcel/Subdivision Map; Planned Unit Development; Condo Conversion*	\$4,105
<input type="checkbox"/> Variance*	\$2,717
<input type="checkbox"/> Zoning Clearance Wireless	\$1,610
<input type="checkbox"/> Minor Changes to Project with 2 Years of original approval	\$1,140
<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>1049-1051 Solano Avenue</u>		Zoning District:
Property Owner(s) Name: <u>Tom R. Muzinich</u>	Phone: <u>510-908-5007</u> Fax: <u>916-927-1000</u>	Email: <u>jtroughton e Kennedy.wilson.com</u>
Mailing Address: <u>(c/o John Troughton)</u> <u>1860 Howe Ave suite 210</u>	City: <u>Sacramento</u>	State/Zip: <u>CA / 95825</u>
Applicant(s) Name (contact person): <u>Ruth Chen Fruin Solano Eye Care</u>	Phone: <u>650-520-3888</u> Fax: <u>510-526-8133</u>	Email: <u>rchenod@yahoo.com</u>
Mailing Address: <u>1621 Solano Avenue</u>	City: <u>Berkeley</u>	State/Zip: <u>94707 CA</u>

PROJECT DESCRIPTION (Please attach plans)

Relocation of an Optometry Practice from middle Solano Avenue to lower Solano Avenue.
We are open Mondays thru ~~Saturday~~ Saturdays. About 8 exams in a day.
We have been open since 1985. We have 4 fulltime employees.

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.

Tom & Suzanne _____ 9-29-2017
Signature of Property Owner Date

[Signature] _____ 10-5-17
Signature of Applicant (if different) Date



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?
2 beauty salons
2. What use are you proposing? Optometry / health care
3. Proposed hours/days of operation? Mon(11-7) , ~~Tues-Sat~~ Tues-Sat(9-5)
4. Maximum number of employees expected on site at any one time?
(include owners/partners) 5
5. For instructional uses/assemblies of people/classes, etc. what is the maximum number of participants expected on site at any one time?
N/A
6. For restaurants and cafes, will beer/wine/liquor be served? N/A
7. How large is the space your business will occupy? 1250 ft²
8. Do you have off-street parking? If so, how many spaces? NO

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