

Planning Application #: PA-17-080

Date Received: 12/20/17
 Fee Paid: \$2,717
 Receipt #: 000586-0010

City of Albany

DEC 21 2017

Community Development

City of Albany

PLANNING APPLICATION FORM NON-RESIDENTIAL

Permit #

20171250

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 type="checkbox"/> Parking Exceptions/Reductions - 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>1150 Solano Ave Albany CA, 94706</u> | | Zoning District: <u>SC</u> |
| Property Owner(s) Name: <u>LOUIS BROWN</u> <u>MRE REAL ESTATE</u> | Phone: <u>510-450-1400</u> Fax: | Email: <u>Redenheimer@nurecommercial.com</u> |
| Mailing Address: <u>6001 Shellmound St Emeryville, CA 94608</u> | City: <u>EMERYVILLE</u> | State/Zip: <u>CA, 94608</u> |
| Applicant(s) Name (contact person): <u>Khagendra P. Dhungel</u> <u>Deva Kumari Dhungel</u> | Phone: <u>510-316-3590</u> Fax: <u>510-679-5089</u> | Email: <u>everest.kitchen.ca@gmail.com</u> |
| Mailing Address: <u>806 Everett St</u> | City: <u>EI CERRITO</u> | State/Zip: <u>CA 94530</u> |

PROJECT DESCRIPTION (Please attach plans)

Applying for Type 47 license (liquor license)

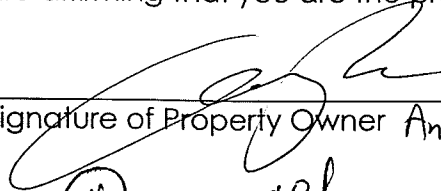
TERMS AND CONDITIONS OF APPLICATION

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.

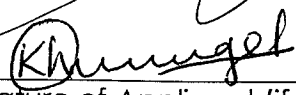
I understand that the requested approval is for my benefit (or that of my principal). Therefore, if the City grants the approval with or without conditions, and that action is challenged by a third party, I will be responsible for defending against this challenge. I therefore agree to accept this responsibility 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 Andy Rohner, MRE Commercial Date 12/20/17
Real Estate c/o Stage LLC



Signature of Applicant (if different) 12/20/17
Khagendra Prasad Dhungel 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?
RESTAURANT
2. What use are you proposing? liquor be served at restaurant
3. Proposed hours/days of operation? 7 days 10:30am to 9:30 pm
4. Maximum number of employees expected on site at any one time?
(include owners/partners) 10
5. For instructional uses/assemblies of people/classes, etc. what is the maximum number of participants expected on site at any one time?
68
6. For restaurants and cafes, will beer/wine/liquor be served? Yes
7. How large is the space your business will occupy? 2,600 sq ft
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

ZONING AFFIDAVIT

Instructions to the Applicant: Complete Items 1 - 14. Sign and date the form and submit it to ABC.

| | | |
|---|--|---|
| 1. APPLICANT(S) NAME (Last, first, middle) Dhungei, Deva Kumari & Dhungei Khagendra Prasad | | |
| 2. PREMISES ADDRESS (Street number and name, city, zip code) 1150 Solano Ave, Albany, CA, 94706 | | 3. PARCEL NUMBER OF PROPERTY (Obtain from County Assessor's Office) 85-2660-2 |
| 4. TYPE OF LICENSE APPLIED FOR Type 47 | 5. UPGRADE OF LICENSED PRIVILEGES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6. CURRENT LICENSE TYPE AT THIS LOCATION, IF ANY Type 41 |
| 7. TYPE OF BUSINESS (i.e., restaurant, mini-mart, gas station, etc.) Restaurant | 8. ARE THE PREMISES INSIDE THE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

For answers to Questions 8 - 14, contact your local city OR county planning department (if inside the city limits, contact city planning; if outside, contact county planning.

| | | |
|--|---|--|
| 9. HOW ARE APPLICANT PREMISES ZONED? STATE TYPE (i.e., "C" commercial, "R" residential, etc.) SC - Solaro Commercial | | |
| 10. DOES ZONING PERMIT INTENDED USE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 11. IS A CONDITIONAL USE PERMIT (C.U.P.) NEEDED? (If yes, please attach copy of receipt or C.U.P.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 12. IF YES, DATE YOU FILED APPLICATION FOR C.U.P. 12/21/17 |
| 13. NAME OF PLANNER CONTACTED AT PLANNING DEPARTMENT Anne Hersch | | 14. PLANNER'S PHONE NUMBER 510-528-5765 |

Under the penalty of perjury, I declare the information in this affidavit is true to the best of my knowledge.

| | |
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| 15. APPLICANT'S SIGNATURE (One signature will suffice) | 16. DATE SIGNED |
|--|-----------------|

FOR DEPARTMENT USE ONLY

| | | |
|--|-----------------------------|-------------|
| <input type="checkbox"/> C.U.P. Approved | IF APPROVED, EFFECTIVE DATE | FILE NUMBER |
| <input type="checkbox"/> C.U.P. Denied | DATE DENIED | |

GENERAL INFORMATION

•Section 23790 of the Business and Professions Code says that ABC may not issue a retail license contrary to a valid zoning ordinance. This form will help us determine whether your proposed business is properly zoned for alcoholic beverage sales.

•A conditional use permit (CUP) (Item 11) is a special zoning permit granted after an individual review of proposed land-use has been made. CUP's are used in situations where the proposed use may create hardships or hazards to neighbors and other community members who are likely to be affected by the proposed use. The ABC district office will not make a final recommendation on your license application until after the local CUP review process has been completed. If the local government denies the CUP, ABC must deny your license application.

23790. Zoning ordinances. No retail license shall be issued for any premises which are located in any territory where the exercise of the rights and privileges conferred by the license is contrary to a valid zoning ordinance of any county or city.

Premises which had been used in the exercise of those rights and privileges at a time prior to the effective date of the zoning ordinance may continue operation under the following conditions:

(a) The premises retain the same type of retail liquor license within a license classification.

(b) The licensed premises are operated continuously without substantial change in mode or character of operation.

For purposes of this subdivision, a break in continuous operation does not include:

(1) A closure for not more than 30 days for purposes of repair, if that repair does not change the nature of the licensed premises and does not increase the square footage of the business used for the sale of alcoholic beverages.

(2) The closure for restoration of premises rendered totally or partially inaccessible by an act of God or a toxic accident, if the restoration does not increase the square footage of the business used for the sale of alcoholic beverages.

