

## City of Hollister Community Development Department

339 Fifth Street, Hollister CA (831) 636-4360 planning@hollister.ca.gov

For Department Use Onl	)
Date Received:	

Application No.

## **CONDITIONAL USE PERMIT APPLICATION**

Please fill out all of the following information attaching additional sheets if necessary. In addition to the information required in this Application, the following must be submitted:						
	Application Fees					
	Preliminary Title Report prepared within the last six months.					
	Site Plan showing the location of the project/tenant space, all property lines, sidewalks, curbs, structures, buildings, accessory structures, parking spaces, fire lanes, fire hydrants, and trash enclosure(s).					
	Existing and propos	ed floor plan showing the dimensions and labeled uses of all rooms and spaces.	s.			
	Statement of Oper	rations (providing additional business information, security plan, or details if	if			
	necessary).					
	Photographs of the	existing building (if no exterior changes are proposed).				
	Parking Study (if in	a shopping or multi-tenant center).				
		PROJECT LOCATION				
•	ct Address					
	ssor Parcel Number					
	ng District					
Gene	ral Plan Designation					
		PROJECT DESCRIPTION				
	ect Name					
	ent Use(s)					
Is there an existing use permit on the property?						
Brief Description of Proposed Use. Include additional details in the separately attached Statement of Operations to effectively describe the proposed use.						
Days and Hours of Operation						
Total Number of Employees						
Max	employees per shift					
Estin	nated Number of Custo	omers per Day				

Total Size of Tenant Space	Interior:	Sq. Ft.	Exterior:		Sq. Ft.		
Provide a breakdown of the	square footage of a	II uses within the	tenant space. Atta	ch additiona	al pages as		
necessary.							
Description of Use (office, st	Square Footage						
	· ·	· · · · · ·			<u> </u>		
Existing Parking Information:							
Type of Stall	Total	Number on Site	Number a	vailable for t	his Use		
Standard							
Compact							
Accessible							
Electric Vehicle							
Motorcycle Bicycle							
Other:							
Other:							
Is the tenant space located wi	thin a building or cer	nter with other use:	s?				
If yes, please attach a parking				□ Yes	∐ No		
Does the use require any exte	rior modifications?			□ Yes	□ No		
If yes, describe:							
Does the use involve the stora	ge or use of hazardo	us materials?					
If yes, describe:				□ Yes	∐ No		
Does the use include live musi	c or amplified noise	inside or outside?					
If yes, describe sound attenuate	·		or amplified noise:	□ Yes	□ No		
			·				
Danatha was ingleda a danas	92 16 ::						
Does the use include a dance	noor? If yes, please if	ndicate the size.	☐ Yes Size:		∐ No		
Please provide detailed inform	nation on how the us	e will not be detrin		 n, safety and	or welfare		
of persons residing or working				, , .			

			ALC	соно	L USES					
All uses involving the sale or serving of alcohol must complete this section. The Statement of Operations for these uses must also include a Security Plan, description of staff training plan, and business policies related to the sale and consumption of alcohol on the site, including but not limited to prevention of use by minors, overserved customers, etc.										
Types of Al	cohol sold or co	nsumed (che	ck all that ap	oply)	☐ Bee	er	☐ Wine		iquor/Spir	its
Type of Alc	ohol Beverage C	Control (ABC)	License Req	uired						
Will food a	lso be sold durin	ig alcohol sale	es?	Yes	□ No					
If yes pleas	If yes please describe:   Full Service/Commercial Kitchen   Off-site Preparation/Catering   Limited/Pre-Packaged Options   Other:									
	ocated in a High	n Crime Repo	rting District	t pursu	ant to the C	Califor	rnia	□ Ye	es 🗆	No
	n an area of Und	due Concentr	ation pursua	ant to	the Californi	ia Bev	verage	☐ Ye	s $\Box$	No
Control Act										140
Identify how the Alcoholic Beverage Sales Are Related to and Compliment the Function of the Business:										
Will securit	y guards be pre	sent during b					res, Number:			No
			APPLICA	INI TN	FORMATION					
Name										
Mailing Ad	dress					1				
City					State		ZIP			
Email							Phone			
Maria			PROPERTY C	)WNE	R INFORMAT	ION				
Name	dua.a.									
Mailing Ad	aress				Ctata		710			
City					State		ZIP			
Email			60	NITAC	TUCT		Phone			
CONTACT LIST  Please list the name(s) and email addresses for all plan preparers (architect, engineer, landscape architect etc.).										
Name					Phone Num	ber				
Title					Email					
Name					Phone Num	ber				
Title					Email					
Name					Phone Num	ber				
Title				-	Email					
Name					Phone Num	ber				
Title					Email					
Primary Po	oint of Contact (	Select ONE)	☐ Applica	ant [	Property	/ Owr	ner 🗆 Ard	chitect	☐ En	gineer
☐ Other ( <i>must be listed above</i> )										

## APPLICANT DECLARATION

By signing below, the applicant hereby agrees to defend, indemnify, and hold harmless the City of Hollister, its Council, boards and commissions, officers, employees, volunteers, and agents from any claim, action, or proceeding against the City of Hollister, its Council, boards and commissions, officers, employees, volunteers, and agents, to attack, set aside, void or annul an approval of the application or related decision, including environmental documents, or to challenge a denial of the application or related decisions. The applicant's duty to defend, indemnify and hold harmless shall be subject to the City promptly notifying the applicant of said claim, action or proceeding and the City's cooperation in the applicant's defense of said claims, actions or proceedings. The City of Hollister shall have the right to appear and defend its interests in any action through the City Attorney or outside counsel. The applicant shall not be required to reimburse the City for attorney's fees incurred by the City Attorney or outside counsel if the City chooses to appeal and defend itself in litigation.

By signing below, I hereby certify that the application I am submitting, including all additional required information, is complete and accurate to the best of my knowledge. I understand that any misstatement or omission of the requested information or of any information subsequently requested may be grounds for rejecting the application, deeming the application incomplete, denying the application, suspending or revoking a permit issued on the basis of these or subsequent representations, or for the seeking of such other and further relief as may seem proper by the City of Hollister.

By signing below, I hereby acknowledge that I will follow the requirements of my Conditional Use Permit, if approved, and will operate the business as discussed above and as conditioned. Prior to making any changes in the hours of operation, intensity, size, or other characteristics of the Use I will apply for a Conditional Use Permit Modification from the Planning Division.

Applicant Signature		Date			
DRODERTY OWNED DECLARATION					

By signing below, I hereby certify under penalty of perjury, that I am the owner of record of the property described herein and that I consent to the action requested herein. All other owners, lenders or other affected parties on the title to the property have been notified of the filing of this application. Further, I hereby authorize City of Hollister employees and officers to enter upon the subject property, as necessary to inspect the premises and process this application.

In order to facilitate the public review process, the City requires that property owners agree to allow any plans or drawings submitted as part of the application to be copied for members of the public. Property owner(s) hereby agree to allow the City to copy the plans or drawings for the limited purpose of facilitating the public review process.

All property owners must sign. If additional signatures are necessary, please submit an additional sheet.

Property Owner Name		
Property Owner Signature	Date	
Property Owner Name		
Property Owner Signature	Date	
Property Owner Name		
Property Owner Signature	Date	