



# CITY OF SAND CITY PLANNING DEPARTMENT

## Conditional Use Permit Application Form

### APPLICANT:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Number: ( ) \_\_\_\_\_ Fax Number (if any): ( ) \_\_\_\_\_

E-mail (if any): \_\_\_\_\_

Representative Name (if any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Number: ( ) \_\_\_\_\_ Fax Number (if any): ( ) \_\_\_\_\_

E-mail (if any): \_\_\_\_\_

### PROPERTY OWNER:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone Number: ( ) \_\_\_\_\_ Fax Number (if any): ( ) \_\_\_\_\_

E-mail (if any): \_\_\_\_\_

### PROJECT DESCRIPTION:

1. Business and/or Project Name: \_\_\_\_\_

2. Street Address: \_\_\_\_\_ Assessor's Parcel Number: \_\_\_\_\_

3. Gross Property Area: \_\_\_\_\_ Floor Area Square Footage: \_\_\_\_\_

4. Describe in detail the intended use of the property: \_\_\_\_\_

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Use back of this sheet or attach additional paper if necessary.

5 Describe the existing conditions, and previous use of the subject property: \_\_\_\_\_

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Use back of this sheet or attach additional paper if necessary.

6. Respond Yes (Y) or No (N) to the following items:

Will the proposed project create any of the following effects (circle all that apply):

fire or explosion	Y / N	gases	Y / N
noise or vibration	Y / N	odors or fumes	Y / N
intense illumination	Y / N	extreme heat or cold	Y / N
particulate matter	Y / N	soot or grime	Y / N
air contaminates	Y / N	electrical emissions	Y / N
radioactive emissions	Y / N	noxious acids	Y / N
charred paper	Y / N	dust	Y / N

7. How many employees (including owner/manager) will there be? \_\_\_\_\_

8. How many parking spaces are currently on the property? \_\_\_\_\_ Are they Striped? Y / N

9. Is there a loading area separated from the parking spaces identified above? Y / N

10. Will there be any business related signs installed: Y / N (Note: If yes, sign requires architectural review before installation).

11. Are there adequate water and sewer utilities provided to the site? Y / N

12. Will there be any on-site construction to facilitate the proposed use? Y / N

If "yes" then describe. \_\_\_\_\_

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Use back of this sheet or attach additional paper if necessary.

**CONSENT AND CERTIFICATION:**

An application cannot be accepted without the signature of both the applicant and property owner. Failure to provide both signatures (at a minimum) may qualify this application as "incomplete".

**Applicant's Attestation:** I/We state that as the applicant(s) here described, I/we have read and completed this application and know the contents herein. I/We declare that the information contained in this application, the project plans, and other supporting material submitted herewith are true and correct to the best of my/our knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Consent of Property Owner:** I/We declare that I/we am/are the current owner(s) of the herein described property, and that I/we have familiarized myself/ourselves with this completed application, and give consent to the action request.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

**ADDITIONAL SUBMITTAL INFORMATION:**

**Letter of Intent:** A "letter of intent" shall be submitted with this application that shall describe in the applicant's own words, the details of the proposed project. The description should include (at a minimum) the following items:

- ⊞ Hours and days of proposed operation.
- ⊞ Number of employees.
- ⊞ Number of company vehicles.
- ⊞ Schedule, frequency, and method of shipments and deliveries.
- ⊞ List of materials, equipment, vehicles used and/or stored at the subject property.
- ⊞ Any other relevant detailed information pertaining the proposed use.

**Site / Floor Plan:** A site plan and floor plan, both drawn to scale, shall be submitted with the following information:

- ⊞ Dimensions of property line.
- ⊞ Dimensions of the building's exterior and interior rooms.
- ⊞ Label all work areas, storage spaces, office areas, restrooms, etc.
- ⊞ Show location and number of existing on-site paved and striped parking spaces.

**Public Notices:** Applicants shall provide the information and materials listed below regarding public hearing notices. State Law requires that all property owners within a 300 foot radius of a project site's parcel boundary shall receive a notice of public hearing.

- ⊞ A radius map identifying those parcels within a 300 foot radius of the project site's parcel boundary.
- ⊞ A list of names, mailing addresses, and assessor's parcel numbers for all property owners within a 300 foot radius of the project site's parcel boundary. This information must be typed or printed neatly.
- ⊞ One pre-addressed stamped envelope, with no return address, for each property owner identified as owning property within a 300 foot radius of the project site. (No post-dated stamps).

**Fees:** Applicants shall make payment of all applicable fees to the City of Sand City at the time of application submittal. Failure to pay fees will qualify an application as "incomplete".

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**STAFF USE ONLY:**

Received by: \_\_\_\_\_ Assigned Permit #: \_\_\_\_\_

Date application submitted: \_\_\_\_\_ Date application deemed "complete": \_\_\_\_\_

Application Fees Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Zoning Designation: \_\_\_\_\_

Notes: \_\_\_\_\_

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**Monterey County Health Department**  
**1270 Natividad Road, Room B301**  
**Salinas, CA 93906**  
**(831) 755-4511**  
**Fax (831) 755-8954**

Jurisdiction Name \_\_\_\_\_  
Use Permit # \_\_\_\_\_  
Or \_\_\_\_\_  
Building Permit # \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone # \_\_\_\_\_

## HAZARDOUS MATERIAL QUESTIONNAIRE

Business Name \_\_\_\_\_ Type of Business \_\_\_\_\_  
Site Location \_\_\_\_\_ City \_\_\_\_\_ APN: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Business Contact \_\_\_\_\_  
*Name Phone Number*  
Property Owner \_\_\_\_\_  
*Name Phone Number*

1. Will your business/proposed project be using any hazardous materials such as oil, fuels, solvents, compressed gases, acids, corrosives, pesticides, fertilizers, paints or other chemicals?  
 Yes  No
2. Will your business/proposed project be using hazardous materials in quantities of 55 gallons and above for liquids, 500 lbs. and above for solids and/or 200 cubic feet and above for compressed gases?  
 Yes  No
3. Will your business/proposed project be using any quantities of acutely hazardous materials such as ammonia, chlorine, sulfuric acid, formaldehyde, hydrogen peroxide, methyl bromide or other restricted pesticides?  
 Yes  No
4. Will your business/proposed project be using underground storage tanks to store hazardous materials?  
 Yes  No
5. Will your business/proposed project be generating any quantities of hazardous waste such as waste oil, waste solvents, etc?  
 Yes  No
6. Will your business/proposed project be emitting any hazardous air emissions?  
 Yes  No

CERTIFICATION:

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct to the best of my knowledge and belief.

Executed AT:

ANY QUESTIONS REGARDING THIS FORM CAN BE DIRECTED TO:

Monterey County Health Department  
Division of Environmental Health  
1270 Natividad Road, Room B301  
Salinas, CA 93906  
(831) 755-4511

\_\_\_\_\_  
City, State

Print Name of Owner/Operator: \_\_\_\_\_

Signature of Owner/Operator: \_\_\_\_\_

**For Local Jurisdiction Use Only:**

1. Is there a known or proposed school, hospital, day care, or long term care facility within 1,000 feet of this site location?  
 Yes  No
2. Is there a known or proposed school, hospital, day care, or long term care facility ¼ mile of this site location?  
 Yes  No

Health Department Clearance

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Air Pollution District Clearance

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_



# When do I need to check with the Air District?



State law requires any facility which has the potential to emit air contaminants to apply for a permit from the Air District. This list is provided to help you determine whether your project is covered by the Air District's permit requirements.

- Abrasive Blasting Equipment
- Asphalt Batch Plant
- Boilers
- Bulk Material Transfer & Storage Equipment
- Chrome Plating
- Circuit Board Manufacturing
- Coating Equipment (>5 gal/yr)
- Coffee Roaster
- Cogeneration Facilities
- Concrete Batch Plant
- Cooling Towers
- Crematories
- Crushing & Screening Equipment
- Curing & Burnoff Ovens
- Degreasing Operations
- Dredges
- Dry Cleaning Equipment
- Dryers
- Dust Collectors
- Emission Control Equipment
- ETO Sterilizers
- Fiberglass Fabrication Operations
- Flares
- Fume Hoods
- Fumigation Chambers
- Furnaces
- Furniture Stripping Operations
- Gasoline Dispensing Equipment
- Gasoline Storage Equipment

- Graphic Arts Printing (>10 lbs/day emissions)
- Incinerators
- Internal Combustion Engines (>50 hp)
- Kilns
- Laboratory Hoods
- Oil Production & Process Equipment
- Oil Water Separators
- Organic Liquid Storage Tanks
- Paint Manufacturing
- Paint Spray Booths (>5 gal/yr)
- Paint Spray Equipment (>5 gal/yr)
- Pile Drivers
- Printed Circuit Board Manufacturing
- Printing (>10 lbs/day emissions)
- Product Dryers
- Quarry Operations
- Resource Recovery Facilities
- Sand & Gravel Operations
- Semiconductor Wafer Fabrication Equipment
- Soil & Water Cleanup
- Truck Loading & Receiving Equipment/Bulk Materials
- Waste Water Treatment Plants (WWTP) & Pump Stations with Odor Control
- Wave Solder/Solder Reflow Machines
- Wet Scrubbers
- Wood Chippers/Tub Grinders
- Wood Working Facilities  
(if aggregate horsepower of stationary equipment exceeds 50 hp)

This list is not exhaustive. If you have any doubts or questions about whether you need a permit, please call the Air District at (408) 647-9411, and an engineer will be happy to answer your questions.



**MONTEREY BAY**  
**Unified Air Pollution Control District**  
*serving Monterey, San Benito, and Santa Cruz counties*

24580 Silver Cloud Court  
Monterey, CA 93940  
Voice (408) 647-9411  
Fax (408) 647-8501