

ADMINISTRATIVE USE PERMIT APPLICATION



STAFF USE ONLY <input type="checkbox"/> EIF/EIR on file, Case No. _____ Date _____ <input type="checkbox"/> Previous EIF/EAF/EIR applicable No. _____ (mins. attached) <input type="checkbox"/> Project Exempt (forms attached) Initials _____	CASE NO. _____ DATE _____
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All applications and submittal requirements must be discussed with a planner at the Permit Services Center (633 E. Broadway, Rm. 101) prior to submittal. After you have completed your application packet and are ready to submit it, schedule an appointment with your contact planner (name noted on your Application Instructions). A case planner will be assigned to your project after the application is officially submitted. Please complete (PRINT LEGIBLY or TYPE) the following information:

PART 1 – PROPERTY INFORMATION

A. Street address of premises for which the administrative use permit is requested _____

B. Zone(s) / District(s) _____

C. Legal description of the property _____

PART 2 – APPLICANT INFORMATION

A. _____
First Name Last Name

B. _____
Street Address City State Zip Code Area Code - Phone Number

C. _____
Email Address

D. Check one box - Architect Builder/Developer Consultant Owner Other _____

PART 3 – ADMINISTRATIVE USE PERMIT INFORMATION

A. Project description/applicant request _____

B. Type of administrative use permit requested (check all that apply)

- Alcoholic Beverages (on-site or off-site sale, serving or consumption)
- Cyber-Café Establishments
- Day Care
- Fast-Food Restaurant
- Liquor Store
- Live/Work Units in IMU, or IMU-R zone
- Mortuaries/ Funeral Homes in IMU or IMU-R zone
- New Multi-family Residential in IMU-R zone
- Physical Instruction School in IND zone
- Private Specialized Education and Training School in C1, IND, or MS zone
- Residential Congregate Living, medical
- Residential Congregate Living, non-medical
- Other _____

PART 4 – FINDINGS OF FACT (per Glendale Municipal Code Title 30, Chapter 30.49.030). An administrative use permit shall be granted only if each of the following four findings exists. Additional findings are required for sale, serving or consumption of alcoholic beverages, new multi-family residential units in the IMU-R zone, and live/work units in the IMU, or IMU-R zones (see below). Attach additional pages as needed.

A. How will the proposed use be consistent with the various elements and objectives of the General Plan?

B. Why will the proposed use and its associate structures and facilities **not** be detrimental to the public health, safety, or general welfare, or to the environment?

C. Why will the proposed use and facilities not adversely affect or conflict with adjacent uses or impede the normal development of surrounding property?

D. Explain how adequate public and private facilities such as utilities, landscaping, parking spaces and traffic circulation measure are or will be provided for the proposed use.

SALE, SERVING, OR CONSUMPTION OF ALCOHOLIC BEVERAGES

For applications involving the **sale, serving, or consumption of alcoholic beverages** the following five questions must be answered (state if not applicable) in addition to questions A-D above:

1. If the existing or proposed on-site or off-site use is located in a census tract with more than the California Department of Alcoholic Beverage Control recommended maximum concentration, how does such use not/will not intensify, or otherwise contribute, to the adverse impacts on the surrounding area caused by such over concentration?

2. If the existing or proposed use is located in a crime reporting district with a crime rate which exceeds 20 percent of the City average for Part I Crimes (as reported by the Glendale Police Department), how does such use not/will not tend to encourage or intensify crime within the district?

3. How does/will the existing or proposed use not adversely impact any church, public or private school or college, day care facility, public park, library, hospital or residential use within the surrounding area?

4. How does/will adequate parking and loading facilities be provided for the existing or proposed use or other reasonable alternatives satisfy the transportation and parking needs of the existing or proposed use?

5. Notwithstanding consideration of the above criteria (1-4), how does/will the existing or proposed use serve a public necessity or public convenience purpose for the area?

NEW MULTI-FAMILY RESIDENTIAL USES

For applications for **new multi-family residential uses** proposed to be located within the IMU-R zone the following four questions must be answered in addition to questions A-D above:

1. How does the proposed multi-family development comply with all other applicable provisions and performance standards identified in the City of Glendale Zoning Ordinance and Municipal Code?

2. Will the proposed multi-family housing development result in the displacement of existing, or limit future employment on the subject site or on surrounding sites?

3. How is the subject site physically suitable for the type and density/intensity of the proposed multi-family housing development?

4. How will the proposed multi-family housing development be compatible with the surrounding existing and future land uses allowed in the IMU-R zoning district?

LIVE/WORK UNITS

For applications for **live/work units** proposed to be located IMU, or IMU-R zones the following three questions must be answered in addition to questions A-D above:

1. How will the establishment of live/work units **not** conflict nor inhibit commercial or industrial uses in the area where the project is proposed?

2. How has the structure containing live/work units and each live/work unit within the structure been designed to ensure that they will function predominantly as work spaces with incidental residential accommodations meeting basic habitability requirements in compliance with applicable regulations?

3. How will any proposed changes to the exterior appearance of an existing structure be compatible with adjacent commercial or industrial uses, where all adjacent land is zoned for commercial or industrial uses?

Note: Failure to furnish any of the requested information will delay action on the request. Three (3) copies of this application are to be submitted. Attach additional pages as needed. ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED.

ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION

1. _____
Property Owner's Name – **Please Print**

Property Owner's Signature/s

Property Owner's Street Address if not applicant

City State Zip Code

Area Code - Phone No. Date

2. _____
Property Owner's Name – **Please Print**

Property Owner's Signature/s

Property Owner's Street Address if not applicant

City State Zip Code

Area Code - Phone No. Date

SIGNATURE AND NAME OF APPLICANT IF OTHER THAN PROPERTY OWNER

1. _____
Applicant's Name – **Please Print**

Applicant's Signature/s

Date

2. _____
Applicant's Name – **Please Print**

Applicant's Signature/s

Date

FOR STAFF USE ONLY

Date Stamp

Date received in Permit Services Center _____

Received by _____

Fee paid _____ Receipt No. _____