Print Form Reset Form

DEPARTMENT OF PLANNING

Conditional Use Verification Form (CUV-_____)

Name: _____ Date: _____

Address: _____

E-Mail Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PLEASE ANSWER ALL QUESTIONS THAT ARE APPLICABLE
PLEASE SUBMIT A SITE PLAN AND FLOOR PLAN WITH THIS REQUEST
(THE MORE INFORMATION WE OBTAIN, THE BETTER WE CAN ASSIST YOU)

1. Address of the use (w/ Suite #): _____

2. Describe the proposed use in as much detail as possible.

3. Is this activity a new use use for this location? ☐ NO ☐ YES

   If yes, what was the previous use (if known)? _____

4. Will there be any outdoor storage or activity associated with the proposed business? ☐ NO ☐ YES

   If yes, explain: _____

5. What is the total area (Sq. Ft.) of the building or space where the use is located? _____

7. Is there existing parking? ☐ NO ☐ YES

   a. How many parking spaces are available on the property (not per lease)? _____

   b. Of these, how many are Handicap Parking Spaces? _____

   c. How many spaces will be used for something other than required parking (i.e. display or storage of vehicles for sale/rent, outdoor vending activities, etc.)? _____

   Describe:

☐ I certify that I am the applicant and that the information submitted with this application is true and accurate to the best of my knowledge and belief.

☐ I understand that the City is not responsible for inaccuracies in information presented, and that inaccuracies, false information or incomplete application may cause the application to be rejected.

☐ I further certify that I am the owner or purchaser (or option holder) of the property involved in this application, or the lessee or agent fully authorized by the owner to make this submission, as indicated by the applicant's signature below.

Applicant Signature: _____

Print Name: _____

DEPARTMENT OF PLANNING USE ONLY

APN: _____ **ADDRESS:** _____

ZONING: _____ **GENERAL PLAN DESIGNATION:**_____

SPECIAL AREA PLAN AND LAND USE: _____

THE FOLLOWING WERE PROVIDED (CHECK APPLICABLE): ☐ **SITE PLAN** ☐ **FLOOR PLAN** ☐ **TEST DRIVE ROUTE**

THE PROPOSED USE:

☐ Is permitted as a Conditional Use, pursuant to Title 19.12 or other applicable master plan,

☐ Meets the minimum parking requirement for the proposed use,

☐ Meets all Conditional Use Regulations of Title 19.12 or other applicable plan.

NOTES:

_____

_____

_____

_____

_____

_____

_____

_____

FINDINGS:

DEPARTMENT OF PLANNING STAMP

☐ APPROVED

☐ DENIED

☐ The use is not a permitted use pursuant to Title 19.12 or other applicable master plan.

☐ The use requires the approval of a Special Use Permit as Conditional Use Regulations cannot be met (provide details in the notes section above).

☐ Other (provide details in the notes section above).