## **CONDITIONAL USE PERMIT APPLICATION**



	AFF USE ONLY  EIF/EIR on file, Case No Date  Previous EIF/EAF/EIR applicable No (mins. attached)  Project Exempt (forms attached) Initials	CASE NO
Broa sche be a	oplications and submittal requirements must be discussed with a pladway, Rm. 101) prior to submittal. After you have completed your adule an appointment with your contact planner (name noted on you signed to your project after the application is officially submitted. See complete (PRINT or TYPE) the following information:	application packet and are ready to submit it,
PA	RT 1 – PROPERTY INFORMATION	
В.	Street address of premises for which the conditional use permit is r Zone(s) / District(s) Legal description of the property	•
PA	RT 2 – APPLICANT INFORMATION	
_		
Α.	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 ☐ Consultan	t □ Owner □ Other
PA	RT 3 – CONDITIONAL USE PERMIT INFORMATION	
A.	Project description/applicant request	
B.	Type of conditional use permit requested (check all that apply)	
	☐ Arcade Establishment	
	☐ Banquet Hall ☐ Billiard Establishment	
	☐ Church, Synagogue, Temple or other House of Worship	
	□ Nightclub	
	☐ Physical Instruction School in MS zone ☐ Private Club/ Lodge	
	☐ Private Specialized Education and Training School in CR, or MS z	cone
	☐ Tavern ☐ Other	

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H -	ow will the proposed use be consistent with the various elements and objectives of the General Plan?
	/hy will the proposed use and its associate structures and facilities <b>not</b> be detrimental to the public health, afety, or general welfare, or to the environment?
	Why will the proposed use and facilities not adversely affect or conflict with adjacent uses or impede the formal development of surrounding property?
- E C	Explain how adequate public and private facilities such as utilities, landscaping, parking spaces and traffic irculation measure are or will be provided for the proposed use.
r	For applications involving the sale, serving, or consumption of alcoholic beverages the following five question nust be answered (state if not applicable) in addition to questions A-D above:  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?
,	B. 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?

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application are to be submitted. Attach additional pages as needed. ONLY COMPLETE APPLICATIONS WILL ACCEPTED.  ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION  1. Property Owner's Name – Please Print  Property Owner's Signature/s  Property Owner's Signature/s  Property Owner's Street Address if not applicant  Property Owner's Street Address if not applicant	) iques
above: 1. How is the proposed nightclub designed to ensure the reduction of noise impacts (i.e., by using techs such as double doors)?  2. Will the area for outdoor smoking be designed and located in an area to not impact surrounding uses.  Note: Failure to furnish any of the requested information will delay action on the request. Three (3) copies of tapplication are to be submitted. Attach additional pages as needed. ONLY COMPLETE APPLICATIONS WILL ACCEPTED.  ALL PROPERTY OWNERS MUST SIGN THIS APPLICATION 1.	iques
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Property Owner's Street Address if not applicant  City State Zip Code City State Zip	
City State Zip Code City State Zip	
<u> </u>	
Area Code - Phone No.  Date  Area Code - Phone No.	Code
	Date
SIGNATURE AND NAME OF APPLICANT IF OTHER THAN PROPERTY OWNER	
1	
Applicant's Signature Applicant's Signature	
Date Date	
FOR STAFF USE ONLY Date received in Permit Services Center	
Received by	