

Planning and Building Agency Planning Division 20 Civic Center Plaza P.O. Box 1988 (M-20) Santa Ana, CA 92702 (714) 647-5804 www.santa-ana.org

APPLICATION FOR LAND USE CERTIFICATE

□ APPROVE □ DENY

CONTACT INFORMATION		
Business Name:		
Business Address:		Zip Code:
Applicant's Name (print):	Phone	e No.:
Mailing Address (if different):		Zone:
Present Use of Property:		
Type of Project/Event:		
Responsible Party On-Site Name:	Phone No.:	
EVENT INFORMATION		
Dates:	Time/Hours:	
Live Music: ☐ Yes ☐ No If yes, describe:		_
ABC License: ☐ Yes ☐ No If yes, describe:		
Video Games/Game Booths/Computers: ☐ Yes ☐ No	If yes, describe:	
Live/Exotic Animals: ☐ Yes ☐ No If yes, describe:		
Additional Information:		
TEN (10) BUSINESS DAYS ARE REQUIRED FOR PRO- SEE REVERSE SIDE FOR SUBMITTAL REQUIREMEN		
Understanding and Affidavit		
I understand and agree that my application can be procesteps are completed:	essed for final approvals	only when the following
 My plans have been reviewed by the appropriate Comments and conditions placed upon the projection agreed to by both staff and myself. 		
I CERTIFY under penalty of perjury that the foregoing state other information herewith submitted as part of this appliabest of my knowledge and belief.		
Legal Owner's Name:	Phone No.:	
Mailing Address:	Fax:	_
Signature:	Title:	Date:
NOTE: An agent may sign for the property owner if a notarize		led with this application.

SUBMITTAL REQUIREMENTS

Three (3) sets of plans with the following information:		
Site Plan: Fully dimensioned site plan with parking spaces indicated; landscaped areas; setbacks; entries and exits; north arrow; streets; driveways; building structures; and game/ride locations.		
Floor Plan: Exact dimensions of the proposed area; the area devoted to alcohol sales, storage, and display; kitchen area; entries and exits; computers and electronic and/or video games.		
Surrounding land uses of properties imm 300 feet for alcoholic beverage control lie	nediately adjacent to the project site (land uses within censes).	
CITY APPROVALS		
Fire Department:Name Conditions/Comments:	Phone No.	
☐ APPROVE ☐ DENY Date:	Signature:	
Police Department:Name Conditions/Comments:		
Date: Signature:		
Electrical Permit Required?		
Planning Division:Name Conditions/Comments:	Phone No.	
☐ APPROVE ☐ DENY Date:	Signature:	

NOTE: No permit will be issued if the use is not legally occupying the premises.