

CONDITIONAL USE PERMIT SUBMITTAL CHECKLIST

For ABC Licenses and Eating Establishment After Hours Operations

PLANNING DIVISION

I. General Information

- A. To submit your conditional use permit (CUP) application, it is required that you **make an appointment** with the case planner assigned to your project. Walk-in submittals without a scheduled appointment will not be accepted.
- B. Conditional use permit applications for ABC (liquor) licenses and after hours operations at eating establishments do not require the Development Project review process. All other conditional use permit and other discretionary applications, including after hours operations at retail markets, banquet facilities, variances, and minor exceptions require Development Project review completion prior to submitting for discretionary action.
- C. Variances, zone changes, conditional use permits, tract and parcel maps, minor exceptions, and all other discretionary actions require a public hearing before the City Zoning Administrator, Planning Commission, or City Council.

II. Submittal Requirements:

Pursuant to the Permit Streamlining Act, all applications for a development project shall include each of the following. Applications are deemed incomplete should there be any missing item. Incomplete applications are not deemed filed or accepted.

A.

Completed Submittal Affidavit form.

B.

Completed General Data form.

C.	Completed Project Description form.
D.	Completed Existing Conditions form.
E.	Completed Conditional Use Permit application(s) for your project.
F.	Completed Operational Checklist form.
G.	Two (2) ledger (11" x 17") sets and two (2) full-sized (min. 24" x 36") sets of plans (4 sets total) are required. All plans must be clear, legible, and stapled and folded to eight and one-half inch by 11-inch notebook size.

One clean **reduction** (8½" x 11") of all plans. MUST BE CLEAR AND LEGIBLE.



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I.				obtain the following information from the Orange County Assessor's Office, 630 North
		1.	0	Provide one assessor's parcel map . The following information must be provided on the assessor parcel map and consolidated on only one sheet of paper:
				a A north arrow.
				b A 1,000-foot radius circle from exterior boundaries of subject property.
				PRINT IN existing land uses (school, market, auto repair, SFR (single-c family residences), etc.) within the 1,000-foot radius.
				d PRINT IN street addresses of each property within the 1,000-foot radius.
		2.	0	Provide mailing labels for property owners and occupants (renters/business tenants) within 1,000 feet of the subject parcel, including the subject site. Include each property owner's or occupant's name, address, and APN on each label. In addition to the required sets of labels, submit one duplicate copy. Each set of addresses may be on City provided label sheets or other equivalent preprinted gummed labels.
				* Sets of Mailing Labels Required (Eight and one-half inch format. Labels may not be older than six months.)
				a One (1) set of mailing labels; and
				b One (1) digital Microsoft Excel copy on CD or USB flash-drive.
J.		Pay	the a	appropriate fees at the time of the Discretionary Action submittal.
K.		Plar	ns an	nd Photographs must be submitted in digital format (CD or USB flash-drive).
Pla	ns su	bmit	ted f	for your project must include the following information:
1.	Site I	<u>Plan</u>		
	A. O	No	orth /	Arrow and Plan Scale (not to be smaller than one inch = 40 feet for site plans).
	В. О	A	Lege	end of Project Data including:
			1.	Project Address.
			2.	Assessor's Parcel Number.
			3.	Name, Address, and Telephone Number of Applicant and Property Owner.
			4.	Current zoning.

III.



2.

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

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	5 Total lot size in square footage and acres.
	6 Proposed use and floor area of each building on site.
	7 The total number of existing and proposed parking spaces.
C . O	Include and correctly dimension all property lines.
D. O	Include and dimension all existing and proposed landscaping and building setbacks.
E. O	Label all abutting streets and alleyways.
F. O	Depict and fully dimension all landscape areas, loading zones, drop-off areas, trash enclosures, and the location of all existing and proposed utility meters and services including transformers.
G. O	Depict and label all existing and proposed on-site outdoor vending machines, telephones, seating areas, and lighting.
Н. О	Depict the height, location, and construction type of all existing and proposed fences or walls.
C .I	Fully dimension the proposed parking lot, drive aisles, and parking stalls.
J. O	Show and fully dimension any drive-through lane and appurtenant menu board(s) and speaker(s).
Floor	<u>Plan</u>
A. O	Plan Scale (not to be smaller than 1/8th inch = one foot for floor plans).
В. О	Provide a detailed and dimensioned floor plan of the establishment depicting all kitchen equipment, sinks, preparation areas, alcoholic beverage storage and display areas, seating, restrooms, and if applicable, dance floor, entertainment area, pool tables, and/or video

Label and dimension all areas used for alcohol storage and display.

the entire floor area of the establishment.

Provide the floor area of all alcoholic beverage storage areas and calculate its percentage for

games.

C.O

D. O



SUBMITTAL AFFIDAVIT

This ap	oplication is for:			
•	Amendment Application	ı	O	Lot Line Adjustment
•	Appeal/Planning Comm	nission	•	Metro East Site Plan Review
•	Appeal/Planning Manag	ger	•	Minor Exception
•	Appeal/Zoning Adminis	trator	•	Neighborhood Project Review
•	C-3 Parking Waiver		O	Parcel Map
•	Certificate of Compliand	ce	O	Planning Commission Site Plan Review
•	Conceptual Review		O	Residential Relocation
O	Conditional Use Permit		O	Site Plan Review (DRC)
0	Development Agreeme	nt	O	Specific Plan
O	Environmental Review		O	Tract Map
O	General Plan Amendme	ent	O	Variance
•	Historic Demolition		O	Zoning Ordinance Amendment
•	Historic Project Review		O	Other
•	Land Use Certificate			
Drainat	Addroop			
Assess	sor's Parcel Number(s):			
submitt		n(s). I certify that the inform		n the attached application(s), acknowledge the contained in the application package is true and
	corded Property Owner Authorized Signature:			
Prir	nt Name:			
Title	e:			
Dat	·e·			

Note: An original signature is required on this form as part of the application. An agent for the property owner may sign the application provided that a signed original letter of authorization from the property owner accompanies this affidavit.



GENERAL DATA

l.	Property Information				
	Project Address:				
	Assessor's Parcel Numbe	r(s) (APN No.):			
		Tract Number(s)):			
		ignation and Density/Floor A			
	Existing Zoning Designation	on:			
II.	Project Information				
	Project (or Business) Nam	e:			
	Non-residential use(s):	Proposed Commercial Sq	uare Foota	ge:	
		Proposed Industrial Squar	e Footage:		
	Residential Uses:			Density:	
		Duplex Units:		Density:	
		Multiple Family Units:		Density:	
	Parking Spaces:			Proposed:	
III.	Applicant/Developer Info	rmation			
	Applicant/Developer Comp	any Name:			
	Address:				
		St		Zip:	
		int):			
	Telephone:	, Fa	ax:		
	Mobile:				
	E-mail:				



GENERAL DATA

	Property Owner Information Recorded Owner:					
	Address:					
	City:					
	Contact Person (please print):					
	Telephone:					
	Mobile:					
	Architect/Designer/Engineer Information					
	Company Name:					
	Address:					
	City:					
	Contact Person (please print):					
	Telephone:	Fax:				
	Mobile:					
	E-mail:					
	Proposed Tenant Information					
	Proposed Tenant:					
	Contact Person (please print):					
	Telephone:					
	Primary Contact for Project (if differen	nt from applicant)				
	Contact Person (please print):					
	Address:					
	City:		Zip:			
	Telephone:					
	Mobile:					
	E-mail:					

PROJECT DESCRIPTION

I.	Provide a detailed description of the proposed project:
II.	Provide the lot size and square footage of all buildings:
III.	Describe what type of hazardous materials – if any – will be stored on the site:
IV.	Describe the size, height, and proposed use of each building:
V.	Describe the project floor area ratio or density:
VI.	Provide the total number of required and proposed on-site parking spaces for the project and describe site access location points:



PROJECT DESCRIPTION

VII.	Are any off-site parking spaces proposed? If yes, please describe the number and location:
VIII.	Describe the project phasing:
IX.	Describe grading operations and the amount (cubic feet) of soil to be moved, if applicable:
Х.	Describe the nature of any trees and landscaping to be removed:
XI.	Describe the operational characteristics of the project (proposed hours of operation, proposed type of ABC license, and unique characteristics of the proposed use):
XII.	Other pertinent information about the project:

EXISTING CONDITIONS

I.	Describe all previous uses or activities on the site:
II.	Describe all existing structures on the site in terms of their use, construction type, height, density, and square footage:
III.	Describe the project site as it presently exists before the project in terms of: • Site topography:
	Plant life (existing trees or buffers):



EXISTING CONDITIONS

	• ;	Soil conditions (liquefaction, contamination, underground tanks):
	•	Historic or cultural resources:
IV.	Des	cribe the land use and size of surrounding properties:
		North:
		South:
		East:
		West:



CONDITIONAL USE PERMIT Application

PLANNING DIVISION

I. Conditional Use Permit Requirement

A **Conditional Use Permit** is required for certain activities and uses which are permitted by the zoning code, only if they can be found to be compatible with surrounding uses. These situations are considered individually by the Planning Commission or Zoning Administrator on a case-by-case basis. It is up to the applicant for such a permit to show that the use being proposed is acceptable in the location proposed and is of general benefit to the City, compatible with all surrounding uses, and consistent with the City's General Plan.

II. Conditional Use Purpose

Describe briefly the specific use(s) and improvements proposed.

III. Conditional Use Justification

The conditional use procedure provides a method whereby specific uses, not considered compatible as a permitted use in a zoning district, are afforded an opportunity to locate in the zoning district on the basis of a specific location provided certain findings can be established [Santa Ana Municipal Code (SAMC) Sections 41-638 (a)(1)(i), (ii), (iii), (iv), and (v)]. The Zoning Administrator, Planning Commission, and City Council must make affirmative findings on all five items listed in the above mentioned code sections if this request is to be approved. Your concise responses to the following five criteria are essential. [Please read SAMC Sections 41-638 (a)(1)(i), (ii), (iii), (iv), and (v) carefully; they have been reproduced at the end of this form for your convenience.]

Section 41-638 (a)(1)(i) (necessary and desirable):

Section 41-638 (a)(1)(ii) (health, safety, and general welfare):



development of property in the surrounding area;

applicable to the area of the proposed use.

Section 41-638 (a)(1)(iii) (economic stability):

CONDITIONAL USE PERMIT Application

Section 41-638 (a)(1)(iv) (compliance with other regulations and conditions):
Section 41-638 (a)(1)(v) (effect on the General Plan):
CONDITIONAL USE PERMITS
FINDINGS IN COMPLIANCE WITH SECTION 41-638 (a)(1) OF THE SANTA ANA MUNICIPAL CODE:
(i) That the proposed use will provide a service or facility which will contribute to the general well being of the neighborhood or the community; and
(ii) That the proposed use will not, under the circumstances of the particular case, be detrimental to the health, safety, or general welfare of persons residing or working in the vicinity; and
(iii) That the proposed use will not adversely affect the present economic stability or future economic

That the proposed use will comply with the regulations and conditions specified in this chapter for

That the proposed use will not adversely affect the general plan of the city or any specific plan

(iv)

(v)

such use; and



OPERATIONAL CHECKLIST After Hours Operations, ABC Licenses, & Banquet Facilities

Please provide a description of the business and how it operates: Proposed ABC License Type(s) (ie, 20, 41, etc.): ABC License Information: ☐ New/Original ☐ Transfer ☐ Upgrade ☐ Does not apply Proposed Hours of Operation: Seating or occupant capacity: Are you proposing any of the following? If yes, please indicate on plans and describe in the space below. □ Dance Floor □ Stage Area □ Cover Charge/Admission □ Pool Tables/Billiards □ Video Games ☐ Outdoor Seating ☐ Banquet ☐ Adult Entertainment (SAMC Article XVII) If yes, describe: Additional Information: Note: Any project requiring discretionary approval(s) must complete Site Plan Review before submitting discretionary applications, except applications for ABC licenses (on- or off-sale) and after hours operations at eating establishments only.

STAFF USE ONLY

APPLICATION NO.: