



# CITY OF PACIFIC GROVE

## Community & Economic Development Department – Planning Division

300 Forest Avenue, Pacific Grove, CA 93950

T :: 831.648.3190 • F :: 831.648.3184 • www.ci.pg.ca.us/cdd

### Permit & Request Application

#### Project Permit(s) & Fees

Permit: _____	Fee: _____	Multiple Permit Discount: _____	App. #: _____
<b>CRD-BUSS</b>	_____	_____	Date: _____
_____	_____	_____	Received By: _____
			Total Fee: _____

#### Project/Property Information

Project Address: \_\_\_\_\_ APN: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Tract: \_\_\_\_\_

ZC: \_\_\_\_\_ GP: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Business Name: \_\_\_\_\_

Description: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Permit(s)/Request(s)

CRD: Counter Determination     UP: Use Permit     C-1 Interp. of Permitted Uses

SP: Sign Permit     AUP: Administrative UP     Other \_\_\_\_\_

#### CEQA Determination

#### Review Authority

#### Is the property within?

ASA: Archaeologically Sensitive Area<sup>1</sup>

Cat. Exempt, Class:

Staff

CZ: Coastal Zone<sup>2</sup>

ASBS: Drainage into ASBS Watershed

BP: Butterfly Preserve Buffer

HRI: Historic Resources Inventory<sup>3,4</sup>

**CERTIFICATION** – I, the undersigned, under penalty of perjury, depose and certify that I am the applicant for this request and that all statements contained herein, including all documents and plans submitted in connection with this application, are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



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### Permit & Request Application

### for Permitted Uses in Commercial and Industrial Zoning Districts

App. # \_\_\_\_\_

I. Description of Proposed Use (please state in detail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Provide the following additional information for new businesses or businesses that are relocating to a new location, if applicable:

Size of tenant space (sq. ft.): \_\_\_\_\_ Number of employees: \_\_\_\_\_

What, if any, retail sales or services will be provided: \_\_\_\_\_

What, if any, outdoor seating on public sidewalks is proposed: \_\_\_\_\_

What, if any, food service will be provided: \_\_\_\_\_

What, if any, music or entertainment will be provided: \_\_\_\_\_

What, if any, liquor sales or service will be provided: (check all that apply)  Beer  Wine  Distilled Spirits

What, if any, therapeutic massage will be provided: \_\_\_\_\_

If therapeutic massage will be provided, will all massage practioners be certified under CBPC 4612?  Yes\*  No (Use Permit Required)

\*If yes, provide copies of all certifications as part of CRD application