



APPLICATION
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File #: CMUP18-114
Related Files: CE18-0334
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MAJOR MINOR TEMPORARY

G E N E R A L I N F O	LOCATION OF PROJECT (ADDRESS) 2750 4th St Santa Rosa, CA 95405	ASSESSOR'S PARCEL NUMBER(S) 181-200-004	EXISTING ZONING CG
	NAME OF PROPOSED PROJECT Crossing The Jordan		GENERAL PLAN DESIGNATION
	APPLICANT NAME Michael Bryant	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX 707-540-5124	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX
	APPLICANT ADDRESS 501 4th St 2nd Floor Santa Rosa CA 95404	CITY STATE ZIP	EMAIL michael@crossingthejord
	APPLICANT REPRESENTATIVE	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX
	APPLICANT REPRESENTATIVE ADDRESS	CITY STATE ZIP	EMAIL
P R O J E C T I N F O	PROPERTY OWNER NAME (SIGNATURE REQUIRED BELOW) Rami Batarseh	<input checked="" type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX 707-331-4348	<input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> FAX
	PROPERTY OWNER ADDRESS 613 4th St Suite 207 Santa Rosa CA 95404	CITY STATE ZIP	EMAIL ramibatarseh1@gmail.co

PROJECT/BUSINESS DESCRIPTION – (Attach separate sheet if necessary.)

Crossing The Jordan - Thrift Shop

SIZE OF PARCEL 12330 SQ FT or _____ ACRES	GROSS SQ FT OF PROPOSED USE 3465	PRIOR USE Retail Electronics Repair
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> OFFICE <input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL <input checked="" type="checkbox"/> OTHER (Please describe)
<input checked="" type="checkbox"/> EXISTING BUILDING/REOCCUPANCY <input type="checkbox"/> NEW CONSTRUCTION	<input checked="" type="checkbox"/> EXISTING BUILDING/REOCCUPANCY <input type="checkbox"/> NEW CONSTRUCTION	LIST EXISTING TENANTS
# UNITS TOTAL: 1	# BUILDINGS: 1	MAX EMPLOYEES/SHIFT: 4
# BEDROOMS PER UNIT:	TOTAL SQ. FT.:	# SEATS/CAPACITY:
# PARKING SPACES:	SQ. FT. OCCUPIED:	# PARKING SPACES: 21
TYPE OF UNIT:	SQ FT EACH BUILDING (Please list):	% LOT COVERAGE:
<input type="checkbox"/> SINGLE FAMILY DETACHED		DAYS/HOURS OF OPERATION:
<input type="checkbox"/> SINGLE FAMILY ATTACHED		
<input type="checkbox"/> SECOND UNIT <input type="checkbox"/> MULTI-FAMILY		
<input type="checkbox"/> DUPLEX <input type="checkbox"/> MOBILE HOME		
% LOT COVERAGE		

SUBMITTAL INFORMATION – THESE ITEMS MUST BE SUBMITTED FOR A COMPLETE APPLICATION UNLESS INITIALED BY A CITY PLANNER

Plan **MUST** either be reduced to 11 X 17 or folded to 8 1/2 X 14

10 Copies of SITE PLAN showing all dimensions.	DISCLOSURE FORM
10 Copies of FLOOR PLANS	VICINITY MAP WITH NORTH ARROW
10 Copies of NEIGHBORHOOD CONTEXT MAP	INDEMNIFICATION FORM (Back of sheet)

ADDITIONAL SUBMITTAL INFORMATION – THESE ITEMS MAY BE REQUIRED FOR A COMPLETE APPLICATION

10 Copies of DIMENSIONED ELEVATIONS (New construction only)	ENVIRONMENTAL ASSESSMENT (New construction only)
10 Copies of SITE ANALYSIS MAP (New construction only)	Completed STORMWATER DETERMINATION WORKSHEET
10 Copies of LANDSCAPE PLANS (New construction only)	

Completed **ABC APPLICATION WORKSHEET 23958.4 B & P** (For sales of alcoholic beverages)

PROPERTY OWNER'S CONSENT – I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

PROPERTY OWNER'S SIGNATURE

Rami Batarseh

D E P T	APPLICATION CU18-114	RECEIVED BY JS16	DATE 7/17/18	FEE RECEIVED \$ 2690
	PUBLIC HEARING		DATE	FEE RECEIVED \$
	ENVIRONMENTAL REVIEW <input type="checkbox"/> REQUIRED <input type="checkbox"/> EXEMPT		DATE	FEE RECEIVED \$