

MESSAGE / RECONSTRUCTION OF LEGAL NONCONFORMING STRUCTURE LETTER APPLICATION

TO BE COMPLETED BY PLANNING COUNTER STAFF		
FILE NUMBER RSL	Receipt # _____	
QUAD #	ZONING	Date _____
GENERAL PLAN	<input type="checkbox"/> ATTACH COPY OF APN MAP	Amount _____
By _____		
TO BE COMPLETED BY APPLICANT (PLEASE PRINT OR TYPE)		
SUBJECT PROPERTY LOCATION/ADDRESS		
ASSESSOR'S PARCEL NUMBER(S) ¹		
FILING FEE: A filing fee of \$230 plus \$3 (General Plan Update Fee) is due at the time of submission for the first 1.5 hours of research and \$38 plus the General Plan Update Fee per ¼ hour after. An additional fee may be due prior to release of letter.		
Please select the appropriate box:		
<input type="checkbox"/> Message (complete A & B) <input type="checkbox"/> Reconstruction (complete A)		
A.		
Existing Use		
B. FOR MESSAGE APPLICATIONS ONLY		
1. Please submit a floor plan, drawn to scale, showing all uses listed. 2. Please provide a description of all services that are or will be offered at the business. 3. Check the appropriate box for the proposed massage use:		
<input type="checkbox"/> Massage is administered by a licensed massage therapist in conjunction with state licensed physician, surgeon, chiropractor, acupuncturist, dentist, osteopath, physical therapist, or registered nurse and <u>only for the patients of the aforementioned</u> as a part of their professional course of treatment.		
<input type="checkbox"/> An athletic club or a full-service barber or beauty salon where not more than 15 % of floor space is used for massage activity. For purposed of this definition, a full service barber must at a minimum provide hair styling, including shampoos, and shave services: and a full service beauty salon must at a minimum provide services for hair styling, including shampoos and facials.		
<input type="checkbox"/> A State-approved massage school.		

¹Please call the Santa Clara County Assessor's Office at (408) 299-5500 for the Assessor's Parcel Number(s).

PLEASE SUBMIT THIS APPLICATION IN PERSON TO THE DEVELOPMENT SERVICES CENTER, 1ST FLOOR, CITY HALL. APPOINTMENTS ARE NOT REQUIRED BUT MAY BE ACCOMMODATED BY CALLING (408) 535-3555.

ADDITIONAL INFORMATION			
CONTACT PERSON			
PRINT NAME OF CONTACT PERSON			
PRINT NAME OF COMPANY			
MAILING ADDRESS	CITY	STATE	ZIP CODE
DAYTIME PHONE # ()	FAX # ()	E-MAIL ADDRESS	