



CITY OF SAN JOSE

Planning, Building and Code Enforcement
 200 East Santa Clara Street
 San José, CA 95113-1905
 tel (408) 535-3555 fax (408) 292-6055
 Website: www.sanjoseca.gov/planning

**BASIC ZONING VERIFICATION / 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		
<p>SECTION 1: Do all persons administering massage at this location possess a current, active, and valid certificate issued pursuant to Chapter 10.5 of Division 2 of the California Business and Professional Code?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>If 'Yes', complete the Attachment A: Record of Persons Administering Massage (see page 3). If 'No', complete Section 2 (see next page)</p>		

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.

SECTION 2:

- a. Please submit a floor plan, drawn to scale, showing all uses listed.
- b. Please provide a description of all services that are or will be offered at the business.
- c. Check the appropriate box for the proposed massage use:
 - Massage is administered by a voluntary professional certification massage therapist in conjunction with state licensed physician, surgeon, chiropractor, acupuncturist, dentist, osteopath, physical therapist, or registered nurse and only for the patients of the aforementioned as a part of their professional course of treatment.
 - 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.
 - A State-approved massage school.

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	

ATTACHMENT A
Record of Persons Administering Massage

ADDRESS OF MESSAGE BUSINESS:

DESCRIPTION OF SERVICES PROVIDED:

LIST NAMES OF ALL PERSONS ADMINISTERING MESSAGE AT THIS LOCATION*:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

*Please use a separate sheet if there are more than 10 persons administering massage.

Attach current certificate issued pursuant to Chapter 10.5 of the California Business and Professional Code for each person administering massage at this location.

NOTE:

If the above list of persons administering massage changes, it shall be the applicant's responsibility to submit a new Massage Letter Application to enable the City to verify the licenses of any new staff.