



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

PUBLIC INFORMATION LETTER APPLICATION

TO BE COMPLETED BY PLANNING COUNTER STAFF			
FILE NUMBER	Staff: _____		
ZONING	Date: _____		
GENERAL PLAN	Amount paid: _____		
TO BE COMPLETED BY APPLICANT (PLEASE PRINT OR TYPE)			
SELECT ONE OF THE FOLLOWING:			
<input type="checkbox"/> A. Basic Zoning Letter (\$233*, select which type): <input type="checkbox"/> 1. Rebuild Letter, includes Zoning verification and General Plan Designation <input type="checkbox"/> 2. ABC Verification (complete top of page 2) <input type="checkbox"/> 3. DMV Verification (complete bottom of page 2) <input type="checkbox"/> 4. Massage (complete top of page 3)	<input type="checkbox"/> B. Legal Nonconforming Determination Letter (\$861*, 5 hours, see page 4): includes comprehensive letter information and legal nonconforming (LNC) determination		
* \$38 per ¼ hour of staff review time required beyond the scope of what the established fee pays for, based on Planning Application 2010-2011 Fee Schedule			
SUBJECT PROPERTY LOCATION / ADDRESS			
ASSESSOR'S PARCEL NUMBER(S) ¹ (Attach parcel map)			
INFORMATION REQUESTED/REASON FOR LETTER:			

APPLICANT/CONTACT PERSON			
NAME (PRINTED)			
ADDRESS	CITY	STATE	ZIP CODE
DAYTIME TELEPHONE # ()	FAX TELEPHONE # ()	E-MAIL ADDRESS	

¹ Assessor Parcel Number and Parcel Map available online at: <http://eservices.sccgov.org/ari/home.do>

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.

A. 1 - Basic Zoning Letter:	This letter explains the zoning district of the subject property and the General Plan Land Use/ Transportation Diagram designation.
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A. 2 - Alcoholic Beverage Control Verification:

TO BE COMPLETED BY APPLICANT:	Complete Address of Business:	
	Is this a new license?	Hours of Operation:
	Name of Business (DBA):	Type of Business: (Restaurant, bar, etc.)
	License Type/Name:	Number of License Type:
<p>Under the penalty of perjury, I declare the information in this affidavit is true to the best of my knowledge. I acknowledge that any false or misleading information will constitute grounds for denial of the application for the license; or if the license is issued in reliance on information in this affidavit which is false or misleading, then such information will constitute grounds for revocation of the license so issued.</p>		
APPLICANT SIGNATURE _____ DATE _____		
TO BE COMPLETED BY STAFF:	Does Zoning Allow Intended Use <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Is a CUP or PD Permit required <input type="checkbox"/> NO <input type="checkbox"/> YES, File No./approval date: _____	
	Planner verifying the above information: _____ Date _____	

A. 3 - Department of Motor Vehicles Verification:

TO BE COMPLETED BY APPLICANT:	VEHICLE SALES (Check boxes that apply)	
	<input type="checkbox"/> <i>New</i>	<input type="checkbox"/> <i>Used</i>
	<input type="checkbox"/> <i>Motorcycles</i>	<input type="checkbox"/> <i>Wholesale</i>
	<input type="checkbox"/> <i>On-Site Storage</i>	<input type="checkbox"/> <i>No On-Site Storage</i>
	<input type="checkbox"/> <i>Outdoor Vehicles Sales Event, Date(s): _____ Hours of Event: _____ to _____</i>	
	<input type="checkbox"/> <i>Retail</i>	<input type="checkbox"/> <i>Automobiles</i>
	<input type="checkbox"/> <i>Trucks</i>	<input type="checkbox"/> <i>Recreational Vehicles</i>
	<input type="checkbox"/> <i>Trucks Over One Ton</i>	<input type="checkbox"/> <i>Auto-broker</i>
VEHICLE REPAIR (Check boxes that apply)		OTHER
<input type="checkbox"/> <i>Automobiles</i>	<input type="checkbox"/> <i>Trucks Over One Ton</i>	<input type="checkbox"/> <i>Driving School/Taxi Cab Services</i>
<input type="checkbox"/> <i>Motorcycles</i>	<input type="checkbox"/> <i>Trucks</i>	<input type="checkbox"/> <i>Registration Licensing Branch</i>
<input type="checkbox"/> <i>Recreational Vehicles</i>		<input type="checkbox"/> <i>Traffic Violator School</i>
AUTO DISMANTLER'S PERMIT (Check boxes that apply)		
<input type="checkbox"/> <i>Auto Dismantling</i>	<input type="checkbox"/> <i>Wrecking Yard</i>	
The undersigned hereby declares that the information provided is true to the best of his/her knowledge.		
APPLICANT SIGNATURE _____		DATE _____
TO BE COMPLETED BY STAFF:	Does Zoning Allow Intended Use <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Is a CUP or PD Permit required <input type="checkbox"/> NO <input type="checkbox"/> YES, File No./approval date: _____	
	Planner verifying the above information: _____ Date _____	

A. 4 - Massage Use:		
TO BE COMPLETED BY APPLICANT:	State Certified Massage (Personal Service):	
	Attach current certificate issued by the California Massage Therapy Council, pursuant to Chapter 10.5 of the California Business and Professional Code, for each person administering massage at this location.	
	DESCRIPTION OF SERVICES PROVIDED (attach additional sheets if necessary):	
	ALL PERSONS ADMINISTERING MASSAGE AT THIS LOCATION ² :	
	1. _____	2. _____
	3. _____	4. _____
	² Please use a separate sheet if there are <u>more</u> than 4 persons administering massage.	
	<i>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 certificates of any new staff.</i>	
	Other Massage (Not Certified):	
	<ul style="list-style-type: none"> • Please submit a floor plan, drawn to scale, showing all uses listed. • Please provide a description of all services that are or will be offered at the business. • Check the appropriate box for the proposed massage use: <ul style="list-style-type: none"> <input type="checkbox"/> Massage is administered by a voluntary professional certified 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. 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. 	
Massage Parlors:		
<i>Is the proposed use:</i>		
A. In the Downtown Core Area? ³	<input type="checkbox"/> YES <input type="checkbox"/> NO	
B. In the CG Zoning District, or equivalent PD Zoning District? ⁴	<input type="checkbox"/> YES <input type="checkbox"/> NO	
C. Within 500 feet of any school (public or private, college or university)? ³	<input type="checkbox"/> YES <input type="checkbox"/> NO	
D. Within 200 feet of any other adult book/video store, adult motion picture theater, adult entertainment establishment or massage parlor OR any property in a residential zoning district (inside or outside the City)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES to question D, all of the below criteria <u>must</u> be met:		
On a 35-acre commercial site?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
General Plan designation of Regional Commercial?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Fully contained within a commercial center or facility, which center or facility has an aggregate square footage of at 250,000 square feet?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

³ If "yes", then the use cannot be located at the subject property.

⁴ Per Section 20.80.020 of the San Jose Municipal Code, the use can only be located in the CG Commercial General Zoning District, or in a Planned Development Zoning District that allows uses of the CG Commercial District.

B- Legal Nonconforming Determination:

Please submit the following along with your application:

- Photographs of existing building or subject area.
- All necessary evidence and documentation supporting your legal nonconforming claim. See below for resources:
 - Building Permits - These records can be obtained by doing a permit search in Development Services Center of City Hall at 200 East Santa Clara Street in San Jose.
 - Sanborn Insurance Maps, located in the California Room at the Martin Luther King, Jr. Main Library at 150 E. San Fernando Street in San Jose.
 - Polk & Haines Directories - Copies of this information can be obtained from the California Room at the Martin Luther King, Jr. Main Library at 150 E. San Fernando Street in San Jose.
 - Santa Clara County, Building Permits -This information can be obtained from the Santa Clara County Department of Planning and Development, located on the 7th floor at 70 West Hedding Street in San Jose.
 - Santa Clara County, Assessor's Records -This information can be obtained from the Santa Clara County Assessor's Office, located on the 5th floor at 70 West Hedding Street in San Jose.
 - Alcoholic Beverage Control history - This information can be obtained from the Department of Alcoholic Beverage Control at 100 Paseo de San Antonio, Room 119 in San Jose.
 - Department of Motor Vehicles history - This information can be obtained from the Department of Motor Vehicles at 111 West Alma Ave in San Jose.
 - Copies of prior/current leases
 - Business Licenses - These records can be obtained from the City of San Jose Finance Department in Development Services Center of City Hall on the 1st floor at 200 East Santa Clara Street in San Jose.
 - Business Receipts
 - Copies of Yellow Pages or White Pages listings