
- A. The Plot Plan shall include:
 - 1. Dimensioned parcel boundaries, existing and proposed structures (such as buildings, parking areas, fences and signs) drawn to a scale adequate to clearly show the property and adjacent streets or properties which may be affected by the Conditional Use Permit.
 - 2. A small location map clearly locating the property within the community.
 - 3. A North arrow.
 - 4. Any additional information which would illustrate the request.
- B. Elevation drawings of all buildings, structures or signs which may be affected by the Conditional Use Permit.
- C. Any additional information which would illustrate the request.

COMMUNITY DEVELOPMENT DEPARTMENT - PLANNING DIVISION
CONDITIONAL USE PERMIT
APPLICATION

City of Gilroy
7351 Rosanna Street
Gilroy, CA 95020
(408) 846-0440

File No. CUP Project # _____

Please type or print the following information:

Applicant's Name: _____ **Telephone:** _____

Fax: _____ Address: _____

E-Mail address: _____

Contact Person: _____ Telephone: _____

Address: _____ Fax: _____

E-Mail address: _____

(The contact person should be an individual with adequate responsibility for the project to carry out all project negotiations with the City).

Owner's name, address and telephone number if different from applicant:

Name _____ Address _____ Telephone # _____

Others the applicant desires to have notified of meeting:

Name _____ Address _____ Telephone# _____

E-Mail: _____

Name _____ Address _____ Telephone# _____

E-Mail _____

A. The applicant requests a Conditional Use Permit to allow: _____

B. Property is located at: _____

C. County tax assessor's parcel number(s): _____

D. Present zoning classification of parcel: _____

E. Dimensions of property are: _____ x _____
(width) (depth)

➤ Total area of parcel in square feet or acres: _____

F. The property's present use: _____

G. State the nature and intensity of the proposed use: _____

H. State what alterations to the site or buildings are needed for the proposed use

If you have any questions during the processing of this application, please contact the City of Gilroy, Planning Division at (408) 846-0440.

PROPERTY OWNERS SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE _____

IF YOU REQUIRE ACCOMMODATIONS OR ASSISTANCE TO COMPLETE THIS APPLICATION PROCESS, DUE TO A DISABILITY AS DEFINED BY THE AMERICANS WITH DISABILITIES ACT, PLEASE DESCRIBE THE ACCOMMODATIONS YOU NEED: _____

DEPARTMENT OF COMMUNITY DEVELOPMENT - PLANNING DIVISION

Date application received: _____ Fee: _____

Received by: _____

This is to certify that the foregoing application and Environmental Assessment information has been inspected and found complete and acceptable for review by the Planning Commission.

Date all required submittals received: _____ By: _____

Other applications filed: _____