



**BASIC APPLICATION FOR:  
ADMINISTRATIVE USE PERMIT  
COMMERCIAL**

111 Civic Drive, Hercules, CA 94547  
T 510-799-8200 F 510-799-2521  
[www.ci.hercules.ca.us](http://www.ci.hercules.ca.us)

**(office use only) Permit No:** \_\_\_\_\_

A completed Administrative Use Permit Application is required for all City of Hercules Zoning and Land Use applications. This application requests specific information about your business. Supplemental information, statements and/or forms may be required for your specific business as determined by staff and/or supporting departments and/or agencies.

**1. WHAT TO SUBMIT**

The following information and drawings must be included in the submittal package for your application to be deemed complete. Staff and/or supporting Agencies reserves the right to require additional plans as needed for certain business proposals.

**PLEASE READ EACH SECTION CAREFULLY!**

**FAQ:** *How long does this process take?*

**ANSWER:** *The **entire** (permit and license) process could take up to 30 days.*

**PLANNING DEPT**

- ✓  **WHAT TO SUBMIT:** Complete these applications thoroughly and completely and then submit all information required (see below) or this application will be deemed incomplete and interrupt your processing.  
Applications: Administrative Use Permit for Businesses AND Business License application
- ✓  **Fee** A one-time fee (as set annually through City’s Master Fee Schedule), which covers:
  - 1) Public notification of all property owners within 300 feet of the proposed property to be used for the business
  - 2) Land Use/Environmental review
  - 3) Parking Determination and
  - 4) A recommendation to the Community Development Director*Fee is **payable by check** made out to the “City of Hercules” or **\*credit/debit card. (VISA & MASTERCARD accepted)***
- ✓  **Building Floor Plans, Elevations and Cross Sections** Please submit one (1) 8 1/2 x 11 or 11” x 17” Floor plan (you may draw by hand)  
Plans submitted for review shall include the following details: **Show all existing and proposed construction and/or alterations, fully dimensioned and to appropriate scale.**

SIGNAGE

YES / NO

**Instructions**

Please check with the Planning Department staff to verify compliance with an approved Sign Program and/or Sign Criteria **BEFORE** hiring a contractor to design signage.

**Signage Plan and Drawings**

Plans submitted for review shall include the following details, as applicable. Planning staff reserves the right to require additional information plans as needed.

**ALL PLANS**

- Plans must be on sheets no greater than 11" x 17".
- Include north arrow, date prepared and scale. Acceptable scales are: 1" = 10', 1" = 20', 1/4" = 1', 1/8" = 1". Other scales may be appropriate, but should be discussed with Planning staff before filing.
- Name and phone number of person or firm preparing the plans.

**SIGN PLANS**

- Specify type of proposed sign (canister, individual channel letters, blade, window, monument etc.)
- Specify dimensions of signage including face, font, color, and materials.
- Submit location/s of proposed sign, ***include storefront dimensions.***
- Submit elevation/s of proposed sign.

**Sign Permit Decision**

- Approved       Conditionally Approved       Not Approved

**Basis for Sign Permit Decision**

Findings supporting approval of Sign Permit:

- Additional Conditions attached (see Attachment D)

By: \_\_\_\_\_ (\_\_\_\_\_, 20\_\_)

**Director of Planning or designee**

**Storefront msrmnts.**  
(property line to property line)

**PLEASE PRINT LEGIBLY AND WITH INK**

**2. GENERAL DATA REQUIRED**

A. PROPERTY ADDRESS: \_\_\_\_\_

(P.O. Boxes are not acceptable this includes mail box stores)

Name of Business \_\_\_\_\_

Property Phone \_\_\_\_\_ Fax \_\_\_\_\_

B. CONTACT NAME \_\_\_\_\_

(YOU MAY LIST MORE THAN ONE, SEE BELOW)

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

**PLEASE PRINT LEGIBLY AND WITH INK**

**3. BUSINESS SPECIFICS**

a. Describe the products made or sold & b. the services performed at the property address above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated number of hours of operation each day \_\_\_\_\_ each week \_\_\_\_\_

Estimate the number of parking spaces needed each day: \_\_\_\_\_

Describe any business – related storage, amount of materials and/or supplies (this includes a file cabinet/box/closet or shelf. **Be sure to indicate location on the floor plan**)  
\_\_\_\_\_  
\_\_\_\_\_

List any equipment/tools used in connection with your business (this includes office equipment):

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List any license required by the State of California to conduct your business (resale license, contractor's license, ABC license, etc. please include a copy) \_\_\_\_\_

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Do you have any employees? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

**5. PROPERTY OWNER/MANAGER TO COMPLETE THIS SECTION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**SIGNATURE OF PROPERTY OWNER:** \_\_\_\_\_  
**OR**

**SIGNATURE OF PROPERTY MANAGER:** \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN**

**6. APPLICANT CERTIFICATIONS**

I understand that **submission and/or payment of this application does not constitute approval** for any administrative review, conditional use, variance, map approval or exception for any other City regulations, which are not specifically the subject of this application. I understand further that I remain responsible for satisfying requirements of any private restrictions or covenants appurtenant to the property.

I certify that I am the applicant and that the information submitted with this application is true and accurate to the best of my knowledge and belief. I understand that the City is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of planning permits as determined by the Community Development Director. I further certify that I am the owner or purchaser (or option holder) of the property involved in this application, or the lessee or agent fully authorized by the owner to make this submission.

I certify that statements made to me about the time it takes to review and process this application are general. The City has attempted to request everything necessary for an accurate and complete review of your proposal; however, after the City has taken in your application and reviewed it further, it may be necessary to request additional information and clarification.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

## OFFICE USE ONLY

<b>Application Taken in by:</b>	<b>Project Discussed with:</b>	<b>Related Files:</b>	<b>Date applctn. rec'd.:</b>
<b>Permit Type:</b>	<b>Application Number:</b>	<b>Notice mailed on:</b>	
<b>Zoning:</b>			
<p><b>300 Foot Public Notification:</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Public Hearing:</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>Subject to Appeal Process:</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Appeal to Director of Planning and Building Svcs.  <input type="checkbox"/> Appeal to Planning Commission  <input type="checkbox"/> Appeal to City Council</p>		<p><b>Review Body:</b></p> <p><input type="checkbox"/> Staff</p> <p>_____</p> <p style="text-align: center;">Print Name</p> <p>_____</p> <p style="text-align: center;">Signature</p> <p><input type="checkbox"/> Director of Planning and Building Services</p> <p>_____</p> <p style="text-align: center;">Signature</p> <p><b>Additional Findings:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><b>Additional Conditions:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

✓  **BLDG. DEPT.**

Tenant Improvements **YES / NO**

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**Signature**

Addtl. Permits **YES / NO**

Comments or Conditions

✓  **FIRE DEPT.**

Addtl. Permits **YES / NO**

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**Signature**

Comments or Conditions

✓  **POLICE DEPT.**

Addtl. Permits **YES / NO**

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**Signature**

Comments or Conditions