



# CITY OF HERCULES

## Administrative Use Permit Commercial

AUP No. \_\_\_\_\_

111 Civic Drive, Hercules, CA 94547

Phone: 510-799-8200

[www.ci.hercules.ca.us](http://www.ci.hercules.ca.us)

A completed Administrative Use Permit Application is required for land uses that are generally permitted within a district and usually are of low impact to the community and environment as required by [Hercules Municipal Code Sec. 13-50](#). Conditions of approval, mandatory review periods, and expiration periods may be required at the discretion of the Community Development Director. 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.

### SUBMITTAL REQUIREMENTS

Administrative Use Permit Please complete this application thoroughly and completely and then submit all information required (see below) or this application will be deemed incomplete and interrupt your processing.

Fees A one-time fee (See [Planning Fee Schedule](#)), which covers:

1. Public notification of all property owners within 300 feet of the property proposed for business use.
2. Land Use/environmental review and determination.
3. Parking determination

Building Floor Plan, Elevations, and Cross Sections Please submit one plan set (may be hand drawn)  
*Plans submitted for review shall clearly show all existing and proposed construction and/or alterations, fully dimensioned and to appropriate scale.*

Signage  Yes  No

*If yes, please also submit an [Administrative Design Review Permit](#) for new commercial signage.*

### GENERAL DATA REQUIRED

Property Address: \_\_\_\_\_

*(p.o. boxes and mailbox stores are not acceptable)*

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

Applicant Name: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### BUSINESS SPECIFICS

Describe your business, products made or sold, and service performed at the property: \_\_\_\_\_

Estimated hours of operation: Per day \_\_\_\_\_ Per week \_\_\_\_\_

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

Estimate number of parking spaces needed: \_\_\_\_\_

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

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)

Number of employees: \_\_\_\_\_

### PROPERTY OWNER OR MANAGER TO COMPLETE THIS SECTION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_

Property Manager Signature: \_\_\_\_\_

### APPLICANT CERTIFICATION

I understand that submission 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.

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Signature of Owner or Authorized Agent

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Date