



APPLICATION FOR DEVELOPMENT REVIEW

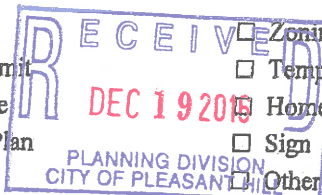
CITY OF PLEASANT HILL

100 Gregory Lane
Pleasant Hill, CA 94523
Phone (925) 671-5209
Fax (925) 682-9327

www.ci.pleasant-hill.ca.us

I. CHECK TYPE OF PERMIT(S) REQUESTED

- | | | |
|---|--|---|
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Rezoning | <input type="checkbox"/> Zoning Permit |
| <input type="checkbox"/> Use Permit | <input checked="" type="checkbox"/> Minor Use Permit | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Minor Variance | <input type="checkbox"/> Home Occupation |
| <input type="checkbox"/> Minor Exception | <input type="checkbox"/> Development Plan | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Architectural Review | <input type="checkbox"/> Tree Removal | <input type="checkbox"/> Other |



II. GENERAL DATA

- A. Address of Property 409 Boyd Road
- B. Assessor's Parcel Number(s) 149-032-014 & 149-032-040
- C. Zoning R7
- D. Existing Use Church & classes
- E. Description of Project or Request Convert two existing buildings to childcare

III. AUTHORIZATION

In signing this application, I, as owner and/or as applicant, represent to have full legal capacity to, and hereby do authorize the filing of this application. If this application has not been signed by the property owner, attached is separate documentation of full legal authority to file this application. I agree to be bound by the conditions of approval of this application, subject only to the right to object at the hearing or during the appeal period. I further certify that the information and exhibits submitted are true and correct.

A. Property Owner

Name First Church of Christ Scientist Phone 925-787-~~1115~~ 6071

Address 409 Boyd Road Fax _____

Pleasant Hill, CA 94523 Email first.church.ph@gmail.com

Signature Mary Ann Patton Board Chair Date 12-19-16

B. Applicant other than Property Owner (RESPONSIBLE FINANCIALLY FOR ALL FEES.)

Name Sharon Yang Phone 408-242-8898

Address 5526 Blgoak Dr. Fax _____

San Jose, CA 95129 Email sharonyang8898@gmail.com

Signature [Signature] Date 12/16/16

C. Authorized Agent (NOT RESPONSIBLE FOR ANY FINANCIAL OBLIGATIONS OR FEES.)

Company SCDC Contact/Title Salvatore Caruso / Architect

Address 980 El Camino Real #200 Phone/Fax 408-998-4087

Santa Clara, CA 95050 Email scaruso@caruso-designs.com

Signature [Signature] Date 12.15.16

TO BE COMPLETED BY STAFF

APPLICATION TITLE <u>PLEASANT HILL CHILD CARE</u>	APPLICATION NUMBER <u>PLN 16-0128</u>	APPLICATION RECEIVED BY <u>[Signature]</u>
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