



# **Community Development Department Planning Division**

## PRE-APPLICATION MEETING REQUEST

APPLICANT: Complete all sections, print legibly or use the online fillable form.

APPLICANT		
Project Address		
_		
APN(s)		
Applicant Name		
Company		
Street Address		
City	State	Zip Code
Email	Phone	
Applicant		
Signature	Date	
OWNER		
Owner Name		
Owner Name		
Company		
Street Address		
City	State	Zip Code
Email	Phone	)

ARCHITECT						
Architect Name						
Company						
Street Address						
City		State	Zip Code			
Email		Phone				
ENGINEER						
Engineer Name						
Company						
Street Address						
City		State	Zip Code			
Email		Phone				
OTHER (Cannabis Business must identify Security Consultant)						
Name						
Affiliation						
Street Address						
City		State	Zip Code			
Email		Phone				

### **Proposed Project**

Please complete this chart. If an item is included, or will be changed as part of the project, please elaborate. If the Explanation will not fit within the space provided, please include on a separate sheet or make notations on conceptual plans.

	Yes	No	Explanation	
New Construction				
Demolition				
Additions				
Tenant Improvements				
Building Construction Type & Occupancy Classification per CBC				
Building Sprinklers/Fire Suppression				
Improvements and/or Structures in Public Right- of-Way				
HOUSING				
Market-Rate Units				
Affordable Units				
PARKING				
Adding or Removing     Spaces				
EXTERIOR				
Building Modifications				
Mechanical     Equipment				

	Yes	No	Explanation
Lighting			
LAND			
Subdivision			
Grading			
Landscaping			
Tree Removal (indicate species, size)			

### **Operational Plans**

Please complete this chart. If an item is included, or will be changed as part of the project, please elaborate. If the Explanation will not fit within the space provided, please include on a separate sheet or make notations on conceptual plans.

	Yes	No	Explanation
Proposed Uses			
Cannabis Uses			
New or Additional Employees			
New or Changed Hours of Operations			
Noise to be Generated On-Site			
Expected Occupant/ Tenant Traffic (Trips and peak hours)			
Delivery Hours			

	Yes	No	Explanation		
FOOD PREPARATION					
Full Kitchen					
Limited Operations     (food prep of any scale)					
ALCOHOLIC BEVERAGE	ALCOHOLIC BEVERAGE SERVICE				
Beer and Wine Only					
Distilled Spirits     (full alcoholic service)					
OUTDOOR ACTIVITIES AN	OUTDOOR ACTIVITIES AND USES				
Storage					
• Dining					
Entertainment					
Amplification					
Other					

#### THIS IS A PRE-APPLICATION MEETING FORM AND NOT A BUILDING PERMIT OR PLANNING OR **ENGINEERING APPLICATION.**

ADDITIONAL SITE PLANS & DETAILED INFORMATION WILL BE REQUIRED WITH THE PLANNING **APPLICATION and/or PERMIT APPLICATION.** 

#### INDEMNIFICATION:

Applicant agrees to defend, indemnify, and hold harmless the City and its officers, contractors, consultants, employees, and commission members (collectively, "City") from any and all liability, loss, suits, claims, damages, costs, judgments and expenses (including attorney's fees and costs of litigation), including any appeals thereto (collectively, "proceeding") brought against the City with regard to any approvals issued in connection with the application(s) by the City, including any action taken pursuant to the California Environmental Quality Act. If Applicant is required to defend the City in connection with such proceeding, the City shall have and retain the right to approve counsel to so defend the City; and all significant decisions concerning the manner in which the defense is conducted; and any and all settlements, which approval shall not be unreasonably withheld. The City shall also have and retain the right to not participate in the defense, except that the City agrees to reasonably cooperate with Applicant in the defense of the proceeding. If the City's Attorney's Office participates in the defense, all City Attorney fees and costs shall be paid by Applicant. Further, Applicant agrees to defend, indemnify and hold harmless the City from and for all costs and fees incurred in additional investigation or study of, or for supplementing, revising, or amending, any document if made necessary by said proceeding.

#### **CERTIFICATION:**

I hereby certify that I am the applicant or designated agent named herein and that I am familiar with the rules and regulations with respect to preparing and filing this petition for discretionary action, and that the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief

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Applicant or Agent Signature	re Date						
Applicant will receive an email confirming receipt of request form and packet and assign next available meeting date and time. This will be your meeting date unless you contact us to request a different available meeting date and time. If applicants miss a scheduled meeting, they will be required to reschedule for the next open date available. City of Benicia Community Development Department: (707) 746-4280 ComDev@ci.benicia.ca.us							
FOR INTAKE, STAFF USE ONLY							
File #	Fee Paid	Receipt #					
Date Received:	Received By	_					