PLANNING APPLICATION

CITY OF SANTA CLARA PLANNING DIVISION

1500 Warburton Avenue, Santa Clara, California 95050
(408) 615-2450 Fax: (408) 247-9857
E-mail Planning@santaclaraca.gov
Website: www.santaclaraca.gov

See reverse side for application requirements

APPLICATION FOR:
(Please check all applicable boxes)
- ☐ VARIANCE
- ☐ USE PERMIT
- ☐ ZONING CHANGE
- ☐ TENTATIVE MAP
- ☐ TENTATIVE PARCEL MAP
- ☐ LOT LINE ADJUSTMENT
- ☐ MODIFICATION
- ☒ SPECIAL PERMIT
- ☐ HISTORICAL & LANDMARKS COMMISSION
- ☐ GENERAL PLAN AMENDMENT
- ☐ OFF-SITE PARKING PERMIT
- ☐ (OTHER):

ARCHITECTURAL REVIEW FOR:
- ☐ RESIDENTIAL
- ☐ NON-RESIDENTIAL
- ☐ MIXED-USE
- ☐ LANDSCAPE
- ☐ SIGNS
- ☐ TEMPORARY SIGNS

FOR PLANNING STAFF USE ONLY
Checked in by: 103 on 07-03-18
Fee: $2,497.75 Receipt number: _____
PCC-SC meeting date: _____
Tentative Commission date: _____
Tentative AC meeting date: _____
File number(s): PLN2018-13388
ENVIRONMENTAL REVIEW:
☐ EXEMPT ☐ NEG DEC ☐ EIR

Fax to: _____
Fax #: _____

Project Address: 710 Lawrence Expressway, Santa Clara
Building area: _____ square feet
County Assessor's Parcel Number (APN): 316-09-046
Gross lot area: _____ acres / square feet
Development Project Description: Hospital & Medical Center Site to be used for Employee & Family Wellness Event Sun-Sept-09-18 / 1:00 pm to 5:00 pm (installation begins Saturday)

Hazardous Wastes and Substances Statement (Calif. Gov. Code 65962.5):
☐ This site is **not** included on the Hazardous Wastes and Substances Sites List
☐ This site is on the Hazardous Wastes and Substances Sites List.
(A copy of this list is available in the Planning Office)
Date of list: _____
Regulatory ID #: _____

☐ Urban Runoff Pollution Prevention Program (URPPP) information provided to applicant

Please print all information legibly, including correct zip code.

Applicant: H Gettinger for KPMG | Mailing address: 355 WOlive Av #215 | Day phone: (408) 737-2384
Company: Any Event, LLC | City: Sunnyvale, CA | Fax #: (408) 737-1090
Signature: _____ | Zip code: 94086 | E-Mail (Optional): helen@anyevent1.com

Property Owner: Kaiser Found Hosp. | Mailing address: 1 Kaiser Plaza | Day phone: (408) 318-8203
Company: Kaiser Permanente | City: Oakland, CA | Fax #: _____
Signature: M Nyr | Zip code: 94612 | E-Mail (Optional): Michele.L.Dwyre@kp.org

NOTE: Please attach the names and full addresses, including zip codes, of all other involved parties to which you would like agendas and minutes sent.

Statement of justification for the above **APPLICATION** (this statement will be included in the staff report to the Planning Commission; a separate statement may be attached, if necessary): Contact staff for assistance on preparing a statement.

Event Activities to Include: DJ / Amplified Sound; Stage and Roaming Entertainment; Sports, Games & Activies; Arts & Crafts; Photo Booths; Pets & Pet Therapy; Wellness Booths & Cooking Demo; Flu Shots & Health Screenings; Food & Beverage; Rentals: tents, stage, dining seating, stage seating, etc) and more

(*) We request approval for this annual event for 2018 & 2019

Tentative Map / Tentative Parcel Map / Lot-Line Adjustment application only:
Engineering firm: N/A Existing Building | Engineer's name: _____
Address: _____ | Phone #: _____
Fax #: _____
Internet E-Mail (Optional) _____ | Engineer's signature _____
STAFF COMMENTS: _____

TO BE COMPLETE, IN ADDITION TO FILING THE APPROPRIATE APPLICATION FEES AND ANY REQUIRED ENVIRONMENTAL INFORMATION, THE FOLLOWING PLANS AND DATA MUST ACCOMPANY THE PLANNING APPLICATION, BASED UPON THE TYPE REQUEST BEING MADE:

*Letter authorizing Any Event, LLC to act as an agent to submit application