



# 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](mailto:Planning@santaclaraca.gov)

Website: [www.santaclaraca.gov](http://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: 003 on 07-03-18  
 Fee: \$2,497.50 Receipt number: \_\_\_\_\_  
 PCC-SC meeting date: \_\_\_\_\_  
 Tentative Commission date: \_\_\_\_\_  
 Tentative AC meeting date: \_\_\_\_\_  
 File number(s): PJ 2018-13388

### ENVIRONMENTAL REVIEW:

☐ EXEMPT ☐ NEG DEC ☐ EIR

Fax to: \_\_\_\_\_

Fax #: \_\_\_\_\_

Project Address: 710 Lawrence Expressway, Santa Clara

County Assessor's Parcel Number (APN): 316-09-046

Building area: \_\_\_\_\_ square feet

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 W Olive 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: [Signature] 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 & Activities; 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

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

Engineer's name: \_\_\_\_\_

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