



ADMINISTRATIVE USE PERMIT APPLICATION
 (Section 9-2B-10 of the Lemoore Municipal Code)
FOR MESSAGE BUSINESS
 (Section 9-4A-5, 9-4B-2, 9-4D-9 of the Municipal Code)

**Community
 Development
 Department**
 711 W. Cinnamon Dr.
 Lemoore, CA 93245
 (559) 924-6740
 (559) 924-6708 Fax

The purpose of an administrative use permit is to allow for the individual review of land uses having unique or unusual site development features or operating characteristics to ensure consistency with this title and the general plan. These land uses benefit from focused, administrative review outside of the general business license and zoning clearance process.

An administrative use permit is required prior to the establishment of any use for which an administrative use permit is required as shown in Table 9-4B-2.

The purpose of Section 9-4D-9 is to establish regulations to allow massage therapy activity to occur. Regulations in this section are intended to reduce impacts to the degree so as to minimize any potential adverse effect such uses have on surrounding commercial or industrial areas.

The regulations and standards contained Section 9-4D-9 shall apply to the establishment of any "massage therapy" as defined by Section 9-4A-5, "Description of Land Uses", of Chapter 4 in the City and shall be in addition to any other development standards and regulations contained elsewhere within Title 9 of the Municipal Code. The establishment of any massage therapy use shall include the opening of such a business as a new business, the relocation of such a business, or the conversion of an existing business location to any massage therapy use

The Community Development Director shall be the approving authority. A public hearing or notice is not required unless elevated to the Planning Commission as provided in subsection 9-2A-7 or appealed to Council.

The following material constitutes a completed application to be submitted to Planning:

- a. Application form filled out completely
- b. Submit Police Department Clearance and Therapist License.
- c. One Site Plan drawn showing the existing site interior layout,
- d. If Change in Use applies: One Site Plan drawn showing the intended site interior layout off street parking, permanent light sources location, concrete paved area, fencing, landscaping and trees
- e. Any other information required by the Planning Department.
- f. No public hearing or notices are required unless elevated to the Planning Commission as provided in subsection 9-2A-7 or appealed to the City Council.
- g. Applicable Filing Fee in the form of Cash or Check.

GENERAL INFORMATION

1. APPLICANT/DESIGNER: Name: _____ Address: _____ Telephone: _____ Email: _____	2. PROPERTY OWNER: (if other than applicant, signature required) Name: _____ Address: _____ Telephone: _____ Email: _____
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SITE & PROJECT SPECIFIC INFORMATION

3. Location/Address/Assessor Parcel Number of site where administrative approval is sought: _____

4. General Plan designation of project site: _____ 5. Zone District: _____

6. Existing Use: _____ 7. Proposed Use: _____

9. Describe the use or structure and any changes being made to the site which require Administrative Approval: _____

10. Square Feet of Site Area: _____ 11. Percentage of Landscaping: _____

12. Size of Proposed Use: _____ 13. Height of Existing or Proposed Buildings: _____

14. Existing Parking Spaces: _____ 15. Proposed Parking Spaces: _____

16. Rent or Owned Property? _____ 17. Hours of operation: _____
18. How much and what portions of the site are already or are proposed to be landscaped? (Show on Site Plan)
 (a) Square footage: _____ (b) % of open Space: _____ (c) % of Site area: _____
19. Proposed construction of any fences or wall?
 (a) Height: _____ (b) Material: _____ (c) Location: _____
20. How much and what kind of outdoor lighting is proposed?

APPROVAL FINDINGS
(Section 9-2B-10E and 4-7)

An administrative use permit shall be granted only when the designated approving authority determines that the proposed use or activity complies with all of the following findings:

Section 9-2B-10E

1. The proposed use is consistent with the general plan, any applicable specific plans, and all applicable provisions of the Zoning Code; and
2. The establishment, maintenance, or operation of the use applied for will not, under the circumstances of the particular case (location, size, design, and operating characteristics), be detrimental to the health, safety, peace, morals, comfort, or general welfare of persons residing or working in the neighborhood of such use or to the general welfare of the city.

Section 4-7

1. Permit Required. In accordance with chapter 4-7 (massage establishments and therapists), a permit approving the massage therapy business is required prior to establishment of the use.
2. Permit Posted. A copy of the massage therapy permit shall be posted in plain view within the establishment.
3. No person who is granted a permit issued pursuant to this section shall operate under any name or conduct his or her business under any designation not specified in his or her permit.
4. Employee Registration Required. All employees must be registered with the city as required in section 4-7-7-1 (certified massage therapist registration requirements).

I certify that the information provided on this form is true and correct and contains all the proposed work being done on the site. I understand that should I modify or add to the request described herein, I may have to submit a new application if the tasks require City approval. I further understand that if I have a previous Administrative Use approval for this site, I agree to rescind the approval with this signature.

21. Applicant Signature: _____ 22. Date _____
23. Print Name: _____
24. Property Owner Signature : _____ 25. Date _____
26. Print Name: _____

FOR OFFICE USE ONLY

Type of Administrative Use Permit: _____	
File Number: _____	Zone District: _____ Assessors Parcel Number: _____
Date filed: _____	Receipt No.: _____ Fees Paid: _____
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied by _____	Date: _____
Conditions of Approval: _____	
Reason for Denial: _____	Per Section 9-2A-8 Option for Appeal Expires: / /