



**CONDITIONAL USE PERMIT APPLICATION**  
CITY OF BELL GARDENS PLANNING DEPARTMENT  
7100 S GARFIELD AVENUE, BELL GARDENS, CA 90201  
(562) 806-7700 (562) 806-7720 FAX

\_\_\_\_\_  
**PROJECT ADDRESS OR GENERAL LOCATION**

*Dirección del proyecto*

\_\_\_\_\_  
**APP #**

\_\_\_\_\_  
**APPLICANT/APPLICANT'S REPRESENTATIVE**

*Nombre del solicitante o representante*

\_\_\_\_\_  
**DATE REC'D**

\_\_\_\_\_  
**MAILING ADDRESS** *Dirección*

\_\_\_\_\_  
**REC'D BY**

\_\_\_\_\_  
**CITY/STATE/ZIP CODE** *Ciudad/Estado/Zona Postal*

\_\_\_\_\_  
**TELEPHONE** *Teléfono*

\_\_\_\_\_  
**PROPERTY OWNER** *Nombre del propietario*

\_\_\_\_\_  
**OWNER MAILING ADDRESS** *Dirección del propietario*

\_\_\_\_\_  
**CITY/STATE/ZIP CODE** *Ciudad/Estado/Zona Postal*

\_\_\_\_\_  
**OWNER TELEPHONE NUMBER** *Teléfono del propietario*

\_\_\_\_\_  
**CURRENT ZONING & LAND USE OF THE SUBJECT SITE**

**APPLICANT'S REQUEST**

It is hereby requested that the Bell Gardens Planning Commission grant a Conditional Use Permit for the development or use on this property as stated in this application. Please describe the proposed development or use in full detail.

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**APPLICANT'S STATEMENT OF FACTS**

According to the Bell Gardens Municipal Code, the Planning Commission must make certain findings before approving a Conditional Use Permit. To assist the Commission in make these findings, please answer the following questions.

1. Is the proposed location of the Conditional Use Permit in conformance with the purposes and objectives of the zoning district in which the site is located? If not, give reasons for application.

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2. Is the proposed location of the Conditional Use Permit in conformance with the Bell Gardens General Plan? Specify.

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3. Will the proposed Conditional Use Permit be detrimental to the public health, safety and welfare or materially injurious to properties or persons?

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4. Will the traffic generated by the proposed Conditional use Permit overload the capacity of the surrounding street system?

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**AFFIDAVIT**

STATE OF CALIFORNIA            )  
COUNTY OF LOS ANGELES    ) SS  
CITY OF BELL GARDENS        )

I, \_\_\_\_\_, being duly sworn, depose and say that I am the applicant in the foregoing application, that I have read the foregoing application and know the content thereof and state that the same is true and correct to the best of my knowledge. Furthermore, all information and data submitted to the City of Bell Gardens in support of my application is true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT (SIGNATURE)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
PHONE

I, \_\_\_\_\_, the owner (if other than the applicant) of the real property involved in this application, do hereby consent to the filing of this application.

\_\_\_\_\_  
OWNER (SIGNATURE)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
PHONE

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
County of Los Angeles  
State of California

## **CONDITIONAL USE PERMIT PROCEDURE**

The Conditional Use Permit procedure is intended to provide some reasonable flexibility in the City's zoning regulations and to help achieve the objectives of the Bell Gardens General Plan. Selected uses in each zoning district are allowed only subject to the issuance of a Conditional Use Permit because of their unique site development requirements and operating characteristics. These uses require special consideration in order to maintain compatibility with surrounding uses. The Conditional Use Permit process is intended to afford an opportunity for broad public review and evaluation of these requirements and characteristics and to provide adequate mitigation of any potentially adverse conditions. The Planning Commission may impose conditions to cover any aspect of the development of the site and may impose limitations on the operation of the proposed use.

### **PROCEDURE**

1. Preliminary review of proposed project.
2. Submit Conditional Use Permit application and filing materials to the Planning Department at least thirty (30) days prior to the Planning Commission meeting date.
3. Item is placed on the Planning Commission Agenda. City staff mails public hearing notices to surrounding property owners and prepares documents to comply with CEQA requirements.
4. Planning Commission reviews the proposed project. Planning Commission meets the third Wednesday of each month at 7:00 P.M. at City Hall, 7100 S. Garfield Avenue, Bell Gardens. **THE APPLICANT AND/OR HIS REPRESENTATIVE MUST BE PRESENT AT ALL PUBLIC HEARINGS.**
5. If the Conditional Use Permit is denied by the Planning Commission, the applicant may appeal to the City Council within 15 days from the Planning Commission meeting.

### **FINDINGS FOR APPROVAL**

Prior to approval of a Conditional Use Permit, the Planning Commission must make the following findings:

1. That the proposed use is in accord with the General Plan, the objectives of the Zoning Ordinance, and the purposes of the district in which the site is located; and
2. That the proposed use will not be detrimental to the public health, safety and welfare, or materially injurious to properties or improvements in the vicinity; and
3. That the proposed use complies with each of the applicable provisions of the Zoning Ordinance; and

4. That the conditions applicable to the project, if any, represent conditions which can be reasonably enforceable without undue and unreasonable strain upon the City's ability to provide such public services.

#### **FILING REQUIREMENTS**

- \_\_\_\_\_ 1. Application completed, signed and notarized.
- \_\_\_\_\_ 2. Environmental information form completed and signed.
- \_\_\_\_\_ 3. Six sets of plans drawn to scale, neat and legible, to include but not limited to:
  - a. Vicinity map
  - b. Site Plan
  - c. Floor Plan
  - d. Elevations, etc.
- \_\_\_\_\_ 4. For a Conditional Use Permit relating to ABC license, please indicate all existing businesses that sell alcohol within a 700 foot radius from property, i.e., markets, restaurants, bars, etc. Provide a radius map indicating properties within 700 feet of the subject property (radius must be drawn from all four corners or exterior boundaries of the subject site with the names and addresses of all property owners located within 700 feet). Mailing labels must be submitted and include the name and address of the property owners within that 700 foot radius, the type of business, and the type of ABC license. The labels must also be consecutively numbered and these numbers must correspond to the numbers on the property ownership list. The applicant must submit a notarized affidavit signed by the person who prepared the radius map and labels. The names and addresses may be obtained from:
  - a. Los Angeles Tax Assessors Offices  
Los Angeles Office; Hall of Administration  
500 West Temple Street, Room 265  
Los Angeles CA 90012  
(213) 974-3363  
8:00 A.M. – 4:00 P.M., M-F
  - b. South El Monte Office  
1441 Santa Anita Avenue  
South El Monte CA  
(818) 350-4694  
8:00 A.M. – 5:00 P.M., M-F
  - c. Long Beach Office  
5898 Cherry Avenue  
Long Beach CA  
(562) 984-5111

- \_\_\_\_\_ 5. One set of plans reduced to 8 ½ x 11 in acetate format.
  
- \_\_\_\_\_ 6. Radius map indicating properties within 500 feet of the subject property. The radius must be drawn from all four corners or exterior boundaries of the subject site with the names and addresses of all property owners located within 500 feet. Mailing labels must be consecutively numbered and these numbers must correspond to the numbers on the property ownership list. The applicant must submit a notarized affidavit signed by the person who prepared the radius map and labels. The names and addresses may be obtained from:
  - a. Los Angeles Tax Assessors Offices  
Los Angeles Office; Hall of Administration  
500 West Temple Street, Room 265  
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  - c. Long Beach Office  
5898 Cherry Avenue  
Long Beach CA  
(562) 984-5111
  
- \_\_\_\_\_ 7. Filing fees: checks must be made payable to the City of Bell Gardens
  
- \_\_\_\_\_ 8. A copy of the latest Title Report or Deed.

All required documents must be filed with the Planning Department at least thirty (30) days prior to the Planning Commission meeting.

Questions and/or further information may be addressed to the Planning Department at Bell Gardens City Hall, 7100 Garfield Avenue, Bell Gardens; (562) 806-7700 during business hours, Monday – Thursday, 7:30 A.M. to 6:00 P.M.

**INCOMPLETE APPLICATION PACKAGES WILL NOT BE ACCEPTED**



**SAMPLE PROPERTY OWNERS LIST**

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
Name  
Address  
City, State, Zip

6227-026-900  
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6227-026-900  
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