



CITY OF ANTIOCH TEMPORARY OUTDOOR RETAIL SALES ADMINISTRATIVE USE PERMIT APPLICATION

PURPOSE:

An administrative use permit is required prior to holding an outdoor retail sale. An "outdoor retail sale" means the display of goods, merchandise and items for sale to the public. These type of sales shall only be allowed in shopping centers zoned Neighborhood Commercial or higher. Each site is limited to not more than four outdoor retail sales per calendar year. A copy of Municipal Code Section 9-5.3828.1 is attached for your reference.

PROCESS:

Processing of an administrative use permit application takes approximately 3 weeks. Please submit your application and all requirements (listed below) **THREE WEEKS** prior to your sale.

SUBMITTAL should be made to:

City of Antioch
Community Development Department
P.O. Box 5007
Third & "H" Streets
Antioch, CA 94531-5007

****Note:** You may also need to apply for a separate permit from other agencies depending on the type of event. Please contact them directly for their requirements.

Contra Costa County Fire Department	(925) 930-5500
Contra Costa County Environmental Health	(925) 692-2500
City of Antioch Building Department	(925) 779-7065

REQUIREMENTS:

- Three copies of a site plan showing layout of the parking lot to include roped off areas, the number of parking spaces being used, etc.
- Written description of the event to include dates and hours, number of employees, etc.
- Written property owner approval (or shopping center management) for the specified dates and times.
- \$56.00 processing fee.
- Completed application (attached).



DEVELOPMENT APPLICATION

Community Development Department

P.O. Box 5007

Third & "H" Streets

Antioch, CA 94531-5007

Phone: (925) 779-7035 Fax: (925) 779-7034

SITE LOCATION: _____

ASSESORS PARCEL NO. (S): _____ TOTAL ACREAGE: _____

REQUEST: _____

PROPERTY OWNER OF RECORD	
Name:	_____
Company Name:	_____
Address:	_____ _____ _____
Telephone No.	_____
Fax No.	_____
Email:	_____
Signature:	_____

APPLICANT	
Name:	_____
Company Name:	_____
Address:	_____ _____ _____
Telephone No.	_____
Fax No.	_____
Email:	_____
Signature:	_____

<i>For Office Use Only</i>			
Date Received:	_____	File No:	_____
Title:	_____		_____
Planner:	_____	Account No.	_____
Type of Application:			
<input type="checkbox"/> Design Review	<input type="checkbox"/> Amend General Plan	<input type="checkbox"/> Minor Subd	<input type="checkbox"/> 2 ND Unit AUP
<input type="checkbox"/> Use Permit	<input type="checkbox"/> Amend Spec Plan	<input type="checkbox"/> Lot Line Adj	<input type="checkbox"/> Rezone/Final
<input type="checkbox"/> Variance	<input type="checkbox"/> Amend Zoning Map	<input type="checkbox"/> Subdivision	<input type="checkbox"/> Dev. Plan
<input type="checkbox"/> Signage	<input type="checkbox"/> Prelim PD	<input type="checkbox"/> Other _____	<input type="checkbox"/> Annexation
Return comments no later than _____			
<input type="checkbox"/> Engineering/PW	<input type="checkbox"/> Building	<input type="checkbox"/> Police	
<input type="checkbox"/> Engineering/E. Franzen	<input type="checkbox"/> Fire		
<input type="checkbox"/> Engineering/CD	<input type="checkbox"/> PHBS		
<input type="checkbox"/> Maintenance	<input type="checkbox"/> DDS		