



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.
- \$151.00 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: | | | |
| ___ Design Review | ___ Amend General Plan | ___ Minor Subd | ___ 2 ND Unit AUP |
| ___ Use Permit | ___ Amend Spec Plan | ___ Lot Line Adj | ___ Rezone/Final Dev. Plan |
| ___ Variance | ___ Amend Zoning Map | ___ Subdivision | ___ Annexation |
| ___ Signage | ___ Prelim PD | ___ Other _____ | |
| Return comments no later than _____ | | | |
| ___ Engineering/PW | ___ Building | ___ Police | |
| ___ Engineering/E. Franzen | ___ Fire | ___ _____ | |
| ___ Engineering/CD | ___ PHBS | ___ _____ | |
| ___ Maintenance | ___ DDS | | |