



Permit No.: _____

Date: _____

PLANNING APPLICATION

TEMPORARY OUTDOOR PERSONAL SERVICE USES -- COVID-19



Be advised that this permit is subject to the authority and therefore potential revocation by the State of California and Contra Costa County Health Services Department in response to COVID-19 health directives.

Fee: \$0.00

APPLICANT REQUIRED INFORMATION

Business Name(s): _____

Property Address/Location _____

Assessor's Parcel No(s) _____

Property Owner(s) _____

Phone _____

Owner's Address _____

Owner's Email Address _____

Applicant/Business Owner (if different than Property Owner) _____

Phone _____

Applicant/Business Owner's Address _____

Applicant/Business Owner's Email Address _____

Designated Representative of Applicant(s)/Owner(s) (ONE ONLY) _____

Phone _____

PROJECT INFORMATION

Check all that apply:

Master Application – Expansion of Outdoor Personal Service Uses (for all Personal Services located in the center)

Individual Application - Expansion of Outdoor Personal Service Uses on Private Property (shopping center, private parking, etc.)

PROCESS

1. Submit application online to Jill Bergman, Economic Development Manager at (925) 314-3369 or jbergman@danville.ca.gov, or David Crompton, Principal Planner at (925) 314-3349 or dcrompton@danville.ca.gov.
2. Applications shall be reviewed prior to permit issuance. All approved applications will be required to adhere to the following conditions of approval.
3. Application may be submitted for use of a common area for multiple tenants. Please refer to the required information listed below that will need to be included on the project plans.

CONDITIONS OF APPROVAL

1. This process facilitates the ability of personal service uses to temporarily expand use areas to comply with social distancing requirements related to COVID-19, as determined by the County, State and Centers for Disease Control and Prevention. Operation of services shall be consistent with the COVID-19 Industry Guidelines for Hair Salon and Barbershop Services Provided Outdoors, as established by the California Department of Public Health.
2. This temporary permit does not permit the resultant number of personal service stations or number of participants at any given time to exceed previously permitted number for this business.
3. This temporary permit is valid for a period of up to three months and may be extended if there is a continuing need for social distancing at the expiration of the three (3)-month period.
4. No disabled parking may be used for this purpose unless the entire private parking lot is closed for seating.
5. The property owner and business owner shall both agree on the proposed design and shall both be responsible for developing a temporary strategy to adhere to requirements. Property owners and tenants shall be responsible for any necessary insurance and lease adjustments.
6. The applicant shall be responsible for adhering to all applicable State and Federal Accessibility code requirements as they relate to the proposed outdoor seating area and maintain accessible path of travel to existing disabled parking spaces.
7. Prior to commencing business on any public right-of-way, the Applicant shall procure and maintain a Commercial General Liability insurance policy with a minimum of One Million Dollars (\$1,000,000) per occurrence for bodily injury, personal injury, and property damage. The policy shall name the Town of Danville, its elected and appointed officials, employees and agents as additional insureds.

SITE PLAN

A site plan must be submitted with the application, and shall include the following information:

1. Title on the Site Plan: "TEMPORARY OUTDOOR PERSONAL SERVICE USE -- COVID-19"
2. Address of property
3. Business name
4. The site plan does not need to be to exact scale but shall include sufficient information to identify the location of the use on the property.
5. The following standards are required to maintain in compliance accessibility standards:
 - a. Accessible paths of travel from the proposed outdoor area to accessible parking and public way
 - i. 48" minimum main aisle widths
 - ii. 36" minimum service aisle widths
 - iii. 5% maximum slope
 - iv. 2% maximum cross slope, etc.
 - b. Designated Accessible exercise areas
 - c. Accessible doors and gates
 - i. 32" minimum clear opening
 - ii. 24" minimum clearance on strike side of doors
 - iii. Accessible hardware, etc.
 - d. Accessibility Signage
 - i. Provide details of accessibility signage
 - e. Lighting for accessible travel pathways and seating areas
 - f. Identify fencing, pop-up tents, canopies or umbrella's, etc. to be used for the outdoor area

REVIEW PROCESS

The objective would be to provide an over-the-counter review of the application submittal whenever possible, based on adequate information submitted. At times, there may be a need to take in the application submittal for review after a site assessment.

Subsequent to initiation, the Town will conduct a site inspection to provide guidance on any adjustments necessary to ensure patron safety and to comply with federal accessibility requirements.

STATEMENT OF CONSENT
Business and/or Property Owner

I am the owner of record of the business/property specified in this application and am authorized and empowered to act as an agent on behalf of the owner of record on all matters relating to this application.

I declare that the foregoing is true and correct and accept that false or inaccurate owner authorization may invalidate or delay action on this application. The business/property owner agrees to defend, indemnify and hold harmless the Town, its Town Council, its officers, boards, commissions, employees and agents from and against any claim, action, or proceeding brought by a third party to attack, set aside, or void the project approval or any permit authorized for the project, including reimbursing the Town its attorney's fees and costs incurred in defense of the project.

I have read, agree with and commit to compliance with all applicable codes, regulations and conditions of approval associated with this application.

Authorized Signature: _____
Property Owner/Leasing Agent

Date: _____

Authorized Signature: _____
Applicant/Business Owner

Date: _____