



CITY OF HAYWARD
PLANNING DIVISION
APPLICATION FOR A DEVELOPMENT PERMIT
 777 B STREET, HAYWARD, CA 94541-5007
 (510) 583-4200 ♦ TDD (510) 247-3340 ♦ FAX (510) 583-3649

8670

APPLICATION NUMBER	<u>PL 2009-0201</u>
TYPE	<u>CUIP</u>
TAKEN BY	<u>GMB</u>
DATE	<u>4/20/09</u>

APPLICANT(S) THOMPSON Monica & Traci
LAST NAME FIRST NAME

COMPANY NAME (IF APPLICABLE) STARZZ MANAGEMENT INC. DBA CLUB ME

STREET 8393 CAPNEIL DR. STE 220

CITY Oakland STATE CA ZIP CODE 94621 PHONE NO. _____

FAX NO 510 632 5543 E-MAIL MONICA_WALTON@starzzmanagement.com CELL PHONE 510 882 2121

APPLICANT'S INTEREST IN PROPERTY: OWNER LESSEE OPTIONEE OTHER (510) 735-1706

INVOICES TO BE DIRECTED TO: OWNER APPLICANT OTHER _____
(Please provide address if other, see note 2)

INITIAL FEE	<u>\$5000.00</u>
ADDITIONAL TIME & MATERIAL CHARGES	<u>NOT TO EXCEED _____</u>
<small>(See Note 2)</small>	

PROPERTY OWNER(S) Shah Dinesh PHONE NO. 408 218 9160
LAST NAME FIRST NAME

STREET 2144 Arrowhead Lane CITY Saratoga STATE Ca ZIP CODE 95070

FAX NO. _____ E-MAIL cellmartinc@gmail.com CELL PHONE _____

TYPE OF PERMIT(S): SITE PLAN REVIEW GENERAL PLAN AMEND. PARCEL MAP TRACT MAP VARIANCE
 USE PERMIT ADMIN. USE PERMIT ZONE CHANGE FROM _____ TO _____ OTHER _____

PROJECT ADDRESS/LOCATION 924 B ST Hayward, Ca

ASSESSOR'S MAP NO. 428-0056-062-00 ZONING DISTRICT(S) CCP1CC

PROJECT DESCRIPTION (attach additional sheets if necessary) SEE BUSINESS PLAN

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE PROPERTY DESCRIBED ABOVE AND, FURTHER THAT I APPROVE OF THE PROPOSED USE CONTAINED HEREIN. SEE NOTE 2.

OWNER SIGNATURE X [Signature]
SEE NOTE 2

I HEREBY STATE THAT THE FOREGOING STATEMENTS AND ANSWERS AND ALL DATA, INFORMATION AND EVIDENCE SUBMITTED HERewith ARE IN ALL RESPECTS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT

APPLICANT SIGNATURE X [Signature]

STAFF REMARKS
send bills to applicant
pd via ck # 9778

NOTE 1: FEES ARE NOT REFUNDABLE AND PAYMENT IN NO WAY GUARANTEES APPROVAL OF APPLICATION.
 NOTE 2: THE OWNER IS RESPONSIBLE FOR PAYING ALL TIME AND MATERIAL CHARGES.

THIS IS YOUR RECEIPT WHEN MACHINE VALIDATED
Paid Deposit \$5,000.00
CR# 09778 4/20/09

Return to Planning
 White - File Canary - Control

Pink - Applicant

Goldenrod - Accounting

Attachment L