

Application No.:	MSC
Date Received:	
Approved By:	
Approval Date:	

City of Hemet
PLANNING DIVISION
445 E. Florida Avenue, Hemet, CA
92543
(951) 765-2375

METAL STORAGE CONTAINER PERMIT APPLICATION

Property Information

Business Name: _____

Business Address: _____

Name of Center: _____

Type of Business: _____

Zoning: _____ APN(s): _____

Applicant Information – the Applicant is the designated contact to receive materials from the City.

Applicant Name: _____

Applicant Address: _____

Contact Name: _____

Phone Number: _____ Email: _____

Applicant's Interest in Property: Own Rent Other: _____

Owner Information – Consent Affidavit required if Applicant is not the Property Owner

Owner Name: _____

Owner Address: _____

Contact Name: _____

Phone Number: _____ Email: _____

APPLICANT CERTIFICATION

- Existing business with an existing metal storage placed on the property prior to February 11, 2016. These businesses are eligible to apply for a hardship determination **if** the application for a Metal Storage Container Permit is submitted prior to August 11, 2016.
- New business or new request for a metal storage container permit, subsequent to February 11, 2016.
- I agree to meet the operational standards of Sec.90-82(g) and understand that a violation of the standards will result in the revocation of the Metal Storage Container Permit and removal of the container from my property.

Applicant Signature

Date

B. DETERMINATION OF USE.

1. List of any hazardous materials to be stored in the metal storage container such as propane tanks, chemicals, gasoline, oil, or flammable materials. _____

2. The metal storage container will be provided with interior lighting, refrigeration, or other electrical service
 Yes or No

3. Description of the color and condition of the metal storage container. Provide photographs of the container on all four sides, the property site, and street view. _____

4. Plot Plan. Draw here or provide on a separate sheet. Show the property lines, buildings, parking, drive aisles, and the proposed location of the metal storage container. Label the distance in feet of the container from the property lines. Show/label any walls, fences, or landscaping used to screen the container from public view.

Front property line. Name of Street: _____

C. REQUEST FOR HARDSHIP DETERMINATION (Only for eligible existing businesses)

I am requesting a Hardship Determination because I cannot meet the following requirement(s) of Sec. 90-82(g): _____

I understand that to be granted an exemption from one or more of the requirements of Sec. 90-82(g) the following findings must be demonstrated by the applicant and approved by the Community Development Director:

1. There are unique physical circumstances applicable to the subject land, including size, shape, topography, location, or surroundings; and
2. The strict application of the provisions of Sec. 90-82(g) would deprive the property of the right to use the land in a manner enjoyed by other conforming property in the vicinity; and
3. The approval of a hardship determination does not constitute a grant of special privileges which other conforming properties in the vicinity do not enjoy.

FOR STAFF USE ONLY

1. Date of Site Visit _____
2. Observations _____

3. Determination:
 - Approved.
 - Approved with the following condition(s): _____

 - Approved with the following hardship determination: _____

 - Denied for the following reason(s): _____

Planner

Date

Community Dev. Director

Date