



Planning Department  
Engineering Division

## APPLICATION FOR CONDOMINIUM

This application is to be used for the submission of a proposed new **Condominium** or a **Condominium conversion**, as defined in Section 783 of the California Civil Code, the Subdivision Map Act (current revision), and in the City of Berkeley's Municipal Code, Title 21.

### INSTRUCTIONS:

Please answer the following questions, checking the appropriate boxes and/or supplying the requested information. Be as complete as possible, attaching additional sheets or supplemental data as required. Respond to **all** of the questions. If the question does not apply to your project, please mark **N/A** where an answer is requested. Incomplete applications will be returned to the applicant.

Your attention is directed to the "NOTE" section at the end of this application.

If you have any questions, it is suggested that you first consult the State of California's Subdivision Map Act (current revision) and the City of Berkeley's **Municipal Code, Title 21**. If you wish further information, please call the **Subdivision Engineer** at **(510) 981-6409**.

It is your responsibility as the applicant to make certain that your proposal conforms to all of the requirements (Zoning/Current Planning, Planning, Public Works, etc.) for condominiums in the City of Berkeley, or that the appropriate variances, waivers, use permits, etc., have been obtained/approved.

1. Please check and give the appropriate map number below if this application is for a:

Tract Map \_\_\_\_\_ Parcel Map \_\_\_\_\_ Vesting Tentative Map \_\_\_\_\_

Tract Map No. \_\_\_\_\_ Parcel Map No. \_\_\_\_\_

2. This condominium is **new construction** \_\_\_\_\_ or **conversion** \_\_\_\_\_

If this is a **conversion**, please complete the attached questionnaire.

3. The condominium will contain \_\_\_\_\_ units/parcels.

4. Check if this is a  
Residential condominium \_\_\_\_\_  
Commercial condominium \_\_\_\_\_  
Other condominium type \_\_\_\_\_

If you have checked **Other condominium type**, please describe:

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5. Address of property: \_\_\_\_\_

6. Record Lot(s)/Block/Tract

\_\_\_\_\_  
(Include a legal description of the property with this application – attach as a separate sheet)

7. Assessor's Parcel Number(s) \_\_\_\_\_

8. Name, Address, and Telephone Numbers of **Owner(s) of record**:

A. \_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Day: (     ) \_\_\_\_\_

Day: (     ) \_\_\_\_\_

Evening (     ) \_\_\_\_\_

Evening (     ) \_\_\_\_\_

9. Name, Address, and Telephone Numbers of **Applicant** (letters from the City will be addressed to this person):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Day: (     ) \_\_\_\_\_

Evening (     ) \_\_\_\_\_

10. Name, Address, and Telephone Number of **Engineer/Surveyor**, and Registration information:

\_\_\_\_\_

\_\_\_\_\_  
Registration Number of Engineer/Surveyor

\_\_\_\_\_

\_\_\_\_\_  
Expiration Date of Registration

(     ) \_\_\_\_\_

11. Will/has an attorney be/been retained to coordinate the Condominium Plan with the Conditions, Covenants and Restrictions (CC&Rs)? Please indicate, if available:

Name of attorney: \_\_\_\_\_

Address of attorney: \_\_\_\_\_

Phone number of attorney: \_\_\_\_\_

12. Will the detailed plans be attached to the CC&Rs in the form of an exhibit(s)? Yes \_\_\_ No \_\_\_

13. Will the final/parcel map contain a detailed plan of the division of "air space"? Yes \_\_\_ No \_\_\_

14. Current zoning status of site: \_\_\_\_\_

15. Describe the present use of the site: \_\_\_\_\_

\_\_\_\_\_

16. Briefly describe the purpose and intent of the proposed condominium: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Total number of separate buildings which will contain all of the units: \_\_\_\_\_

18. Type of construction proposed (check all that apply): New \_\_\_ Rehabilitation \_\_\_ None \_\_\_

19. Please briefly outline the proposed construction (or explain why none is proposed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Attach a separate sheet **clearly** showing the following:

- (1) Total lot area
- (2) Total common area
- (3) Number of floors per building
- (4) Total floor area of each building
- (5) Number of units per building
- (6) Total floor area of each unit
- (7) Total floor area of the project
- (8) A description of any areas which are not floor areas or common areas, with references to the tentative Map.

21. Minimum clearance from any building to the property line: \_\_\_\_\_  
Minimum clearance from any building to any other building: \_\_\_\_\_

22. If, under item #21, any distances are **less** than the minimum City of Berkeley zoning requirements, has a variance been granted as of the date of this application? Yes\_\_\_\_ No\_\_\_\_

23. What are the proposed setbacks for the building(s)?  
\_\_\_\_\_  
\_\_\_\_\_

24. Briefly describe the proposed method of off-street vehicle parking/storage:  
\_\_\_\_\_  
\_\_\_\_\_

25. Briefly describe all of the common areas:  
\_\_\_\_\_  
\_\_\_\_\_

26. Are there any easements in/on/over the site? If so, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

27. Are there any utilities in an abutting public right-of-way(s) or easements?

Check all that apply and show on the Tentative Map:

Gas \_\_\_\_\_ Electricity \_\_\_\_\_ Telephone \_\_\_\_\_  
Water \_\_\_\_\_ Storm \_\_\_\_\_ Sanitary \_\_\_\_\_

28. Is any utility construction proposed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

29. Is any sanitary sewer construction proposed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

30. If a new sewer lateral(s) will be constructed, will all existing laterals be capped at the main sewer line? Yes \_\_\_\_\_ No \_\_\_\_\_

31. What are the provisions for sewage disposal (common lateral with clean-out at the curb, separate laterals in a common utility corridor, etc.)? Please describe:

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32. Is any storm sewer construction proposed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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33. What provisions are planned for the drainage of surface and/or rainwaters and flood control?

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34. Is any grading/excavation proposed? Yes \_\_\_\_\_ No \_\_\_\_\_

Estimate the volume: \_\_\_\_\_ cubic yards

35. Is any demolition or building relocation proposed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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36. The nearest fire hydrant is \_\_\_\_\_ feet from the farthest parcel as measured along the public right-of-way.

37. Describe any proposed construction of private access roads/strips. Will all passages or driveways (proposed or existing) be of sufficient size so as to permit the entry of fire fighting equipment to all buildings and areas? **Please check with the fire department for current requirements.**

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38. Briefly describe any other proposed improvements:

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39. All proposed improvements should be completed within \_\_\_\_\_ months after the approval of this condominium subdivision.

40. Will any variances, waivers, use permits, etc. (including any listed under item #21), be required for this application? Yes \_\_\_ No \_\_\_

41. If so, have the variances, waivers, use permits, etc., been obtained?

Yes \_\_\_\_\_ No \_\_\_\_\_ Applied for \_\_\_\_\_

NOTE: If applying with a VESTING Tentative Map, written approval from the Board of Adjustments, in the form of APPROVED variances, permits, etc., is required PRIOR to applying for a condominium.

If yes, please show the appropriate permit number \_\_\_\_\_ or date granted \_\_\_\_\_, and a description:

\_\_\_\_\_

If applied for, cite date, agency, application data, and a brief description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: THIS IS NOT AN APPLICATION FOR SUCH VARIANCE, PERMITS, ETC., WHICH MUST BE MADE WITH THE APPROPRIATE DEPARTMENTS.**

The acceptance of a completed application by the City of Berkeley does not constitute the approval of any application, nor does it guarantee that such application will be approved by the appropriate agency/agencies.

Once accepted by the City of Berkeley, all fees required for the submission of this application are **nonrefundable**.

SIGNATURES OF APPLICANT AND ALL OWNERS OF RECORD (attach additional sheets, as needed):

_____	_____	_____
OWNER (PRINT NAME)	OWNER'S SIGNATURE	DATE

_____	_____	_____
OWNER (PRINT NAME)	OWNER'S SIGNATURE	DATE

_____	_____	_____
OWNER (PRINT NAME)	OWNER'S SIGNATURE	DATE

_____	_____	_____
OWNER (PRINT NAME)	OWNER'S SIGNATURE	DATE

_____	_____	_____
APPLICANT (PRINT NAME)	APPLICANT'S SIGNATURE	DATE

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DO NOT WRITE BELOW THIS LINE

FILING DATE OF APPLICATION: \_\_\_\_\_