

## Community Development Department Planning Division

8650 California Avenue South Gate, Ca 90280 Phone: (323) 563-9526

## SUPPLEMENT FORM - CONDITIONAL USE PERMIT (CUP)

## **Finding of Facts**

The following conditions and findings must be met before a **Conditional (Unclassified) Use Permit** can be granted. Please indicate how the proposed project meets these criteria (attach additional sheets as necessary): (Yes or No responses are not acceptable)

t - -	Describe how the approval of the proposed Conditional Use Permit is consistent with and will not adversely afform the intent and purpose of this title or the city's general plan:
	The design and development of the land use and conditions of the Conditional Use Permit are compatible with texisting and future land uses of the applicable zone:
	Describe how the approval of the Conditional Use Permit would not result in detrimental impacts to adjace properties or to the character or the function of the neighborhood:
I	The site is adequate in size and shape to accommodate the yards, walls, fences, parking and loading facilitie andscaping and other development features prescribed in the City of South Gate Zoning Ordinance, or as otherwise required in order to integrate said use with the uses in the surrounding area; and