



## Ancillary Game Arcade

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### A. How To File.

Please submit the application package with payment to the Planning Division at the Planning public counter, located at:

Corona City Hall  
Planning & Development Department  
400 S. Vicentia Avenue, Suite 120  
Corona, CA 92882

### B. Items Required For Filing.

The following items shall be included in the application package:

- 1. Complete Application Form (attached).
- 2. Processing fees:
  - a. **\$1,391.00** – Staff Review Fee.
  - b. **\$67.00** – Scanning Fee.
- 3. Eight (8) copies of the items below. Plans shall be 24"x36" and placed in sets and folded approximately 8.5"x14".
  - a. Site Plan with vicinity map
  - b. Floor Plan (including calculations showing how the arcade area uses more than 5%, but less than 20% of the usable floor area and the other uses(s) conducted at the site).
- 4. One (1) set of the plans under #3, reduced to 11"x17".
- 5. A letter signed and dated by the applicant addressing the scope of the project.
- 6. Submit (1) USB flash drive containing the items required for filing this application in PDF format.

### C. Notice To Applicants:

1. This application is acted on by the Board of Zoning Adjustment per Corona Municipal Code Section 17.84.040(H).
2. It is recommended that the applicant, representative or property owner should be present at all hearings.
3. All correspondence and reports will be mailed or emailed to the applicant as listed on the application form only.

### D. Attachments:

1. CMC Sections 17.98.090 and 17.92.110
2. Application Form

Revised: 1/2025



## **CMC Chapter 17.98**

### **Board of Zoning Adjustment**

#### **17.98.090 Ancillary game arcade.**

The Board shall hear and decide applications for permits for the use of ancillary game arcades constituting greater than 20% of the usable floor area. The criteria to be used by the Board in deciding such application shall be the criteria used for deciding applications for conditional use permits as set forth in § 17.92.110.

## **CMC Chapter 17.92**

### **Conditional Use Permit**

#### **17.92.110 Granting – Criteria.**

(A) Neither the Commission nor the Council, upon appeal or Council initiated review, may grant a conditional use permit for any use, for which a conditional use permit may be granted under any provision of this title, unless it has first found from the evidence admitted during the hearing before the Commission or Council that the proposed use at the proposed location will not be detrimental to the public health, safety, convenience and general welfare and will be in harmony with the various elements and objectives in the city's General Plan.

(B) Prior to making such findings, the Commission and/or Council should in its deliberation consider whether the proposed use at the proposed location is detrimental to other existing and permitted uses in the general area thereof and relates properly to existing and proposed streets and highways.

(C) In granting a conditional use permit, the Planning Commission and City Council may impose such reasonable conditions as are deemed necessary and desirable to protect the public health, safety, convenience and general welfare of the city, in accordance with the intent and purpose of the city's zoning regulations. The conditions are incorporated into this code by reference.

(D) If a conditional use permit is granted by the City Council or Planning Commission for a proposed use, the exercise of the use shall be subject to all the property development standards of the zone in which said use is permitted by a conditional use permit, which standards may be made more restrictive by any condition imposed on the grant of said permit.



# PLANNING & DEVELOPMENT DEPARTMENT

## PLANNING DIVISION MASTER APPLICATION FORM

### 1. General Project Description:

Project Location (General) \_\_\_\_\_

Project Address or APN: \_\_\_\_\_

General Description of Proposed Project: \_\_\_\_\_

### 2. Applicant Information:

Firm/Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's interest in property:  Own  Rent  Other: \_\_\_\_\_

<b>Staff Use Only</b>	Date Stamp Received:
Counter Planner Initials:	
Case Number:	

<input type="checkbox"/> Agricultural Preserve Cancellation <input type="checkbox"/> Alcohol Beverage Permit <input type="checkbox"/> Amended Final Map <input type="checkbox"/> Ancillary Smoking Lounge Permit <input type="checkbox"/> Annexation <input type="checkbox"/> Architectural Review <input type="checkbox"/> Building Relocation <input type="checkbox"/> Certificate of Compliance <input type="checkbox"/> Change of Zone <input type="checkbox"/> Community Facilities Plan Amendment <input type="checkbox"/> Conditional Use Permit: (select one) <input type="checkbox"/> Major CUP <input type="checkbox"/> Minor CUP <input type="checkbox"/> Major Modification to CUP <input type="checkbox"/> Minor Modification to CUP <input type="checkbox"/> Extension of Time for CUP Existing CUP Number: _____ <input type="checkbox"/> Cul-de-sac Waiver <input type="checkbox"/> Density Bonus Agreement <input type="checkbox"/> Development Agreement <input type="checkbox"/> General Plan Amendment <input type="checkbox"/> Low Barrier Navigation Center <input type="checkbox"/> Medical Office in a Residential Zone <input type="checkbox"/> Model Home Permit <input type="checkbox"/> Noise Variance	<input type="checkbox"/> Non-Conforming Building Uses <input type="checkbox"/> Parcel Map: (Select one) <input type="checkbox"/> New – PM <input type="checkbox"/> Resubmitted – PM <input type="checkbox"/> Waiver <input type="checkbox"/> Extension of Time – PM Existing Parcel Map Number: _____ <input type="checkbox"/> Parking Determination <input type="checkbox"/> Precise Plan Review: (Select one) <input type="checkbox"/> New <input type="checkbox"/> Major Modification to PP <input type="checkbox"/> Minor Modification to PP <input type="checkbox"/> Extension of Time for PP Existing Precise Plan Number: _____ <input type="checkbox"/> Similar Use Finding <input type="checkbox"/> Specific Plan: (select one) <input type="checkbox"/> New <input type="checkbox"/> Major Amendment <input type="checkbox"/> Minor Amendment <input type="checkbox"/> Sphere of Influence Amendment <input type="checkbox"/> Substantial Conformance <input type="checkbox"/> Surface Mine: (Select one) <input type="checkbox"/> Permit <input type="checkbox"/> Annual Inspection	<input type="checkbox"/> Telecommunications Facility: (select one) <input type="checkbox"/> Major Telecomm. Facility <input type="checkbox"/> Minor Telecomm. Facility <input type="checkbox"/> Zoning Administrator Facility <input type="checkbox"/> Small Cell Facility <input type="checkbox"/> Modification to existing Facility <input type="checkbox"/> Tentative Tract Map: (select one) <input type="checkbox"/> New – TTM <input type="checkbox"/> Rephasing – TTM <input type="checkbox"/> Resubmitted – TTM <input type="checkbox"/> Extension of Time – TTM Existing TTM Number: _____ <input type="checkbox"/> Variance: (Select one from below) <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Waiver or Modification of Subdivision Standards <input type="checkbox"/> Zoning Administrator Review <input type="checkbox"/> Other _____
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### 3. Owner Information (if different from above):

Owner Name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address/City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### 4. Architect Information:

Architecture Firm: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address/City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### 5. Engineer Information:

Engineering Firm: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address/City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### 6. Subject Property Information (all types):

Assessor's Parcel #: \_\_\_\_\_ Total Acreage: \_\_\_\_\_

General Plan Designation: \_\_\_\_\_ Zone Designation: \_\_\_\_\_

Specific Plan Designation (if applicable): \_\_\_\_\_

Master Planned Community/Development Agreement (if applicable):

WQMP Required?  Yes  No Annex into CFD or LMD?  Yes  No

Current Land Use: \_\_\_\_\_ Proposed Land Use: \_\_\_\_\_

Grading Requirements (CYD's): Cut: \_\_\_\_\_ Fill: \_\_\_\_\_ Overex: \_\_\_\_\_



# PLANNING & DEVELOPMENT DEPARTMENT

## 7. Proposed Project

Type of use proposed:  Residential  Commercial  Industrial  Other: \_\_\_\_\_

## 8. Non-residential Project Summary

Gross floor area: \_\_\_\_\_ Proposed: \_\_\_\_\_ Existing: \_\_\_\_\_ Building Height: \_\_\_\_\_

Type of construction per California Building Code: \_\_\_\_\_

Occupancy: \_\_\_\_\_

Bldg	Bldg 1	Bldg 2	Bldg 3	Bldg 4	Bldg 5	Bldg 6	Bldg 7	Bldg 8	Bldg 9	Bldg 10
GFA										
FA										

GFA = Gross Floor Area      FA = Footprint Area

# students/children (if applicable): \_\_\_\_\_ Seating capacity (if applicable): \_\_\_\_\_

# Fueling Stations (if applicable): \_\_\_\_\_

Landscape Coverage (% of Lot): \_\_\_\_\_ Building Coverage (% of Lot): \_\_\_\_\_ F.A.R.: \_\_\_\_\_

## 9. Residential Project

Name of Project: \_\_\_\_\_

Type of dwelling unit (SFR, MFR, etc): \_\_\_\_\_

<u>Dwelling Units:</u>	<u>Proposed</u>	<u>Existing</u>	Density (DU/acre): _____
1 Bedroom	_____	_____	Maximum building height: _____
2 Bedroom	_____	_____	Minimum lot size: _____
3 Bedroom	_____	_____	Average lot size: _____
4 or more Bedroom	_____	_____	Landscape Coverage (% of Lot): _____
Total	_____	_____	Building Coverage (% of Lot): _____

Open Space Description:

Private: \_\_\_\_\_  Common: \_\_\_\_\_  Other: \_\_\_\_\_

Total square footage of:

Common Open Space \_\_\_\_\_ Private Open Space \_\_\_\_\_

**Affordable Housing Incentives, Waivers, Concessions and Parking Reductions** – Will the project proponent seek Density Bonus incentives, waivers, concessions, or parking reductions pursuant to California Government Code Section 65915?

Yes

No



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**Residential Dwelling Unit Count:** Please indicate the number of dwelling units proposed, including a breakdown of levels by affordability, set by each income category.

	Number of Units
Market Rate	
Managers Unit(s) – Market Rate	
Extremely Low Income	
Very Low Income	
Low Income	
Moderate Income	
<b>Total No. of Units</b>	
Total No. of Affordable Units	
Total No. of Density Bonus Units	

**Existing Site Conditions –** Provide the number of existing residential units on the project site that will be demolished and whether each existing unit is occupied or unoccupied. Provide attachment, if needed.

	Occupied Residential Units	Unoccupied Residential Units	Total Residential Units
Existing			
To Be Demolished			

**Existing Site Conditions –** Provide the number of existing residential units on the project site that will be demolished and whether each existing unit is occupied or unoccupied. Provide attachment, if needed.

	Units Occupied Residential	Unoccupied Residential Units	Total Residential Units
Existing			
To Be Demolished			

## 10. Parking (all projects)

	# of Spaces Required By CMC § 17.73.030	Provided # of Spaces
Open Spaces:	_____	_____
Carports:	_____	_____
Garages:	_____	_____
Parking Structure Stalls:	_____	_____
<b>Total:</b>	_____	_____



## 11. Notice of Complete/Incomplete Applications

The approval of a development proposal requires the review of plans and technical documents. By signing below the applicant is acknowledging that a development application will be deemed incomplete if it does not include all required plans and technical documents, or includes plans and technical documents that are inaccurate or insufficient. By signing below the applicant also acknowledges that incomplete development applications will not be scheduled for public hearing until which time City staff has received and reviewed all required documents.

## 12. Authorization & Indemnification

To the fullest extent permitted by law, the applicant shall defend, indemnify and hold the City of Corona and its directors, officials, officers, employees, volunteers and agents free and harmless from any and all claims, demands, causes of action, proceedings, costs, expenses, liabilities, losses, damages or injuries of any kind, in law or equity, in any manner arising out of, pertaining to, or incident to any attack against or attempt to challenge, set aside, void or annul any approval, decision or other action of the City of Corona, whether such approval, decision or other action was by its City Council, Planning and Housing Commission or other board, director, official, officer, employee, volunteer or agent. To the extent that Government Code Section 66474.9 applies, the City will promptly notify the applicant of any claim, action or proceeding made known to the City to which Government Code Section 66474.9 applies and the City will fully cooperate in the defense. The Applicant's obligations hereunder shall include, without limitation, the payment of any and all damages, consultant and expert fees, and attorney's fees and other related costs and expenses. The City shall have the right to retain such legal counsel as the City deems necessary and appropriate. Nothing herein shall be construed to require City to defend any attack against or attempt to challenge, set aside, void or annul any such City approval, decision or other action. If at any time Applicant chooses not to defend (or continue to defend) any attack against or attempt to challenge, set aside, void or annul any such City approval, decision or other action, the City may choose, in its sole discretion, to defend or not defend any such action. In the event that the City decides not to defend or continue the defense, Applicant shall be obligated to reimburse City for any and all costs, fees, penalties or damages associated with dismissing the action or proceeding. If at any time both the Applicant and the City choose not to defend (or continue to defend) any action noted herein, all subject City approvals, decisions or other actions shall be null and void. The Applicant shall be required to enter into any reimbursement agreement deemed necessary by the City to effectuate the terms of this condition.

Print Applicant name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Property Owner name: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to all applicants: Separate written authorization from property owner shall be submitted if this form is not signed by the property owner.**