

**AGENDA  
ITEM**

**7**



# AGENDA STAFF REPORT

**DATE:** December 18, 2019

**TO:** Mayor and City Council

**APPROVED BY:** David B. Dale, City Manager *DD*

**PREPARED BY:** Christopher Velasco, Contract Planner *CV*

**SUBJECT:** Request for Home Occupancy Permit Application Fee Waiver by the Auti Baja California Fundacion Internacional A.C.

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## Recommendation:

Staff has reviewed the request and recommends that the City Council **deny** the applicant's request to have the Home Occupancy Permit Application fee waived.

## Background:

On December 5, 2019 the applicant, Auti Baja California Fundacion Internacional A.C., hereafter, known as Auti Foundation, submitted a Home Occupancy Permit Application to the Planning Division. When the applicant was told of the fee for this use the applicant asked the Staff to waive the fee. Applicant was informed that only the City Council can waive any fees. On December 5, 2019 the applicant presented a letter to Mayor Bill Hodge formally requesting that the \$274.00 fee be waived. As of September 2, 2019, the Auti Foundation is registered as a non-profit public benefit corporation with the California Secretary of State. The proposed Home Occupancy use is at 1060 Meadows Drive, Unit 219 within the city limits. The site is a residential apartment building. The application proposes a use of 40 Square Feet for an office for the applicant including a printer and telephone.

## Discussion and Analysis:

Requests for waiver of fees for Permits other than Temporary Use Permits are not common, even for public benefit corporations such as the Auti Foundation. The fee schedule used by the City of Calexico's Development Services Department are as a result of a duly executed fee study that captured the costs of processing or entitling a particular use permit. Waiving the fees for this particular permit may cause the Department of Development services to operate at a loss for this



particular applicant. The Home Occupancy Permit fee is a one-time fee to cover the Development Services Department's staff time and resources in processing an application. If Council approves the Fee Waiver request it is likely that other applicants will seek the same treatment resulting in losses in the operating budget which impairs the efforts of the Development Services Department's ability to provide effective and efficient services to the public.

**Fiscal Impact:**

No Impact (Neutral) if fee waiver is denied. If fee waiver is approved the Development Services Department will operate at a loss for this particular applicant.

**Coordinated With:**

Planning Division.

**Attachment(s):**

1. Home Occupancy Permit Application.
2. Letter from the Auti Foundation to Mayor Hodge.
3. Articles of Incorporation for the Auti Foundation.



City of Calexico  
 Community Development Department  
 Planning Division  
 608 Heber Avenue  
 Calexico, CA 92231  
 Tel: 760.768.2118  
 Fax: 760.357.7862

## Home Occupation Permit Application

Name of Applicant: Auti Fundacion  
 Property Address: 1060 Meadow Rd suite 219  
 Phone Number: 760-970-9612  
 Property Owner: Karina Kulyacha  
 Property Owner's Address: 1060 Meadow I  
 Property Owner's Phone Number: \_\_\_\_\_

Describe In Detail Home Occupation and Specify Type Of Equipment To Be Used: \_\_\_\_\_  
Oficina de Auti Fundacion  
computadora e Impresora, Telefono

Size of Residence: \_\_\_\_\_ s.f. Size of area to be used for Home Occupation 40 sq. ft.

**FLOOR PLAN** – A Home Occupation permit shall be accompanied with an accurate floor plan showing the proposed location of the "home occupation". No more than twenty percent (20%) of the gross floor area, not to exceed three hundred (300) sq. ft. of a building, shall be used for any "Home Occupation".

I hereby certify that I reside at the above described address, that I have examined this completed application and that the contents herein are true and correct, that I have received a copy of Calexico Municipal Code Section 17.11.200 (Home Occupation) regulations, and that I have read, understand and will comply with the conditions set forth therein and all other applicable federal, state, and local regulations. I further acknowledge that non-compliance with the conditions listed under Section 17.11.200 could result in the revocation of the Home Occupation Permit.

Applicant Signature: [Signature] Date: Dec, 05, 19

Property Owner's Signature: [Signature] Date: Dec, 05, 19  
 (If home occupation is conducted on rented property)

**THE FEE FOR THE HOME OCCUPATION PERMIT IS \$ 274.00**  
 (Home Occupation Permit Filing Fee is Non-Refundable, due and payable at time of submittal)  
 Do not write below this line – For Office Use Only

Reviewed by the Planning Division pursuant to Sections 17.03.110(D) and 17.11.200 of the City of Calexico Zoning Ordinance (Home Occupations).

( ) Approved Zone: \_\_\_\_\_

( ) Denied

By: \_\_\_\_\_  
 Signature/ Title Date

CONDITIONS OF APPROVAL/ COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



5 de Diciembre del 2019.

**MAYOR BILL HODGE**  
**Calexico CA.**  
**Presente.**

Sirva la presente para saludarle, a la vez para reiterarle nuevamente nuestro agradecimiento y gratitud incondicional por todo su apoyo durante este 2019 para sumar a nuestras iniciativas y actividades a favor de la inclusión de las personas con autismo de nuestra ciudad de Calexico.

Nuestro organismo es un organismo no lucrativo, una nonprofit organization (501 C3) que no tiene a un ingresos suficientes para sostenerse de forma autónoma por tal motivo no contamos con una oficina en un local comercial, nuestra operatividad de oficina la llevamos a cabo desde un domicilio particular en #1060 Meadow Rd Suite 219 Calexico Ca. Zip. Code: 92231 por esa razón hoy nos dirigimos a ustedes ya que es de nuestro interés regular y establecer bien las licencias correspondientes ante la ciudad de nuestra organización no lucrativa, hoy nos dirigimos a usted y su honorario board para solicitarle la excepción de pago de licencia HOME OCCUPATION PERMIT APPLICATION para poder sacar la licencia correspondiente que necesitamos tener como Fundación y poder estar presentes en todos los eventos para Beneficio de nuestra ciudad y sus familias con Autismo.

Nuestro organismo no genera ingresos a un por lo tanto no tenemos fondos para cubrir la cantidad de \$274.00 dls por este permiso y el costo de la licencia como organización no lucrativa.

Agradeciendo de antemano su atención a la presente, quedo de Usted para cualquier duda o aclaración sobre la presente.

**Cordialmente**

**Karina Kuljacha**  
**President**  
**Auti Fundación**

**ARTICLES OF INCORPORATION**

3942652

**FILED**  
Secretary of State  
State of California

100 SEP - 2 2016

**AUTI BAJA CALIFORNIA FUNDACION INTERNATIONAL A.C.**

**I**

**The name of the corporation is:**

**AUTI BAJA CALIFORNIA FUNDACION INTERNATIONAL A.C.**

**II**

**A.** This corporation is a nonprofit **PUBLIC BENEFIT CORPORATION** and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes.

**B.** The specific purpose of this corporation is to provide an organization that provides assistance and social care to families and individuals with autism to promote social inclusion spaces capitation to families and Campaigning.

The name and the address in the State of California of this corporation's initial AGENT FOR SERVICE OF PROCESS is:

Name: **KARINA GUADALUPE KULJACHA MORALES**  
Street address: **1213 ROSAS ST**  
City and State: **CALEXICO CA**  
Zip Code: **92231**

**IV**

The Initial Street and mailing addresses for the Corporation are:  
**1213 ROSAS ST CALEXICO CA 92231**

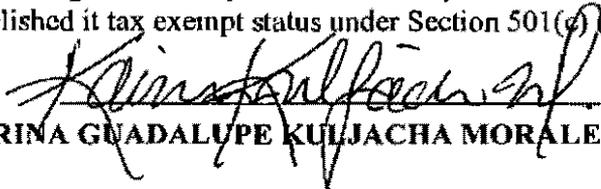
**V**

**A.** This Corporation is organized and operated exclusively for **CHARITABLE** purposes within the meaning of Section 501(c) (3), Internal Revenue Code.

**B.** No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

**VI**

The property of this corporation is irrevocably dedicated to **CHARITABLE** purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer or member thereof or to the benefit of any private person. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corporation which is organized and operated exclusively for **CHARITABLE** purposes and which has established it tax exempt status under Section 501(c) (3), Internal Revenue Code.

  
\_\_\_\_\_  
**KARINA GUADALUPE KULJACHA MORALES, Incorporator**