



City of Gilroy
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING DIVISION
7351 Rosanna Street, Gilroy CA 95020
(408) 846-0440 (408) 846-0429 (fax)
www.cityofgilroy.org

File # _____

Encompass # _____

Mobile Medical Office Permit

Applicant/Owner Information

Applicant _____ Phone _____

Address _____ Fax _____

I hereby certify that the information in this permit is complete and correct to the best of my knowledge:

Applicant Signature _____ Date _____ E-mail _____

I hereby certify that I am the owner or manager of record of the property described in this permit and that I consent to the filing of this permit.

Property Owner or Property Manager Signature _____ Date _____

E-mail _____

The contact person is the individual who is responsible for project negotiations with the City, and will coordinate information with all people involved with the project. All correspondence will be sent to the contact person.

Contact Person (if other than applicant) _____ E-mail _____

Address _____ Phone _____ Fax _____

Property Information

Assessor Parcel Number(s) _____ Property Address _____

Project Information

Detailed description of mobile medical office use _____

Detailed description of the vehicle from which the mobile medical office will operate _____

Hours and days the medical office will operate (mobile medical facilities shall be limited to operating a maximum of three days a week and a maximum of 20 hours per week) _____

Mobile Medical Offices must meet all of the following criteria:

- (a) Mobile medical offices are defined as special purpose commercial coaches that provide medical, diagnostic, and treatment services and that are regulated by California Health and Safety Code sections 1765.101 to 1765.175.
- (b) The operation of the mobile medical office shall be limited to the medical uses described in the “detailed description of mobile medical office use” section above.
- (c) The hours and days of operation shall be limited to those listed in the “hours and days the medical office will operate” section above.
- (d) Only one mobile medical office may be located on a site at any time.
- (e) Mobile medical offices shall be contained entirely within a mobile vehicle. The vehicle shall be removed from the site when the mobile medical facility is not in operation.
- (f) No tables, chairs, awnings or other appurtenant furniture or structures may be erected or placed outside of the mobile medical office.
- (g) There shall be no change in the outside appearance of the premises on which the mobile medical office operates.
- (h) There shall be no show windows, window displays or advertising on signs or structures on or near the site designed to attract customers, clients or the general public to the mobile medical office. Signage is permitted on the mobile medical office vehicle
- (i) There shall be no generation of pedestrian or vehicular traffic beyond that normal to the district in which the mobile medical office is located.
- (j) No products shall be sold within the mobile medical office, except products directly related to, and ancillary to, the mobile medical office use.
- (k) No materials, supplies or equipment shall be stored outside of the mobile medical office vehicle.
- (l) There shall be no operational characteristic or effect, including noise, vibration, electrical disturbance, smoke or odor discernible outside of the mobile medical office vehicle.
- (m) The operator of the mobile medical office shall attach a site plan showing the location of the mobile medical office vehicle. The mobile medical office vehicle shall be located in accordance with this site plan.
- (n) The mobile medical office may not take up any parking required for other uses on site and must provide parking in compliance with *Zoning Ordinance* section 30.31.24. Alternatively, if the site does not have a surplus of parking to accommodate the office in compliance with section 30.31.24, the office may be permitted upon written substantiation by the applicant that adequate parking is available during the time periods that the mobile medical office will operate. If this alternative is selected, the City may rescind the Mobile Medical Office Permit at any time in the future if it is determined that insufficient parking exists on site to support the mobile medical office use and other permanent uses on the site.
- (o) Additional conditions:

PLANNING DIVISION USE ONLY

Date Filed: _____ By: _____

Notes/Comments _____

