



INSTRUCTIONS FOR FILING AN ADMINISTRATIVE PERMIT FOR A SHOPPING CART CONTAINMENT MEASURE

All of the following must be submitted before the Planning Division can process the application:

1. **Application**
2. **Filing Fee:** \$601.74
3. **Occupant's Permission To Enter And Investigate Site:** Submit the attached form with an ink signature of the current occupant.
4. **Operation Plan**
 - a. Wheel Locking Device/Electronic Magnetic Perimeter Barrier
 - Provide a site plan indicating the location of the electronic magnetic barriers and signage.
 - Provide all manufacturer specifications. If this is not available, provide a written description of how the wheel locking device will work and how it is securely installed on the cart.
 - b. Attached Device (attached to carts that physically confine carts within the building)
 - Provide a written description of the method of cart confinement and include the device dimensions, dimensions of door openings, and photographs.
 - c. Physical Barriers (within the building physically preventing removal of carts)
 - Provide a site plan indicating the location of the physical barriers and indicate the dimensions.
 - Provide elevations of the barriers and indicate the dimensions.
 - Provide a written description of how the physical barriers will prevent the removal of carts.
 - d. Other Containment Measure
 - Provide all necessary plans (site plan, elevations, floor plan), a written description, and photographs to assist City staff with the review.
5. **A digital copy** of the full set of plans on a **flash drive**. **E-mailed plans will not be accepted.**
6. **Complete Business/Organization Operations Plan**



ADMINISTRATIVE PERMIT (AP) APPLICATION FOR A CART CONTAINMENT MEASURE

Case No. _____
FOR STAFF USE ONLY

A. **Cart Containment Measure Proposed:**

- Attached Device
- Physical Barrier
- Wheel Locking Device/Electronic Magnetic Perimeter Barrier
- Other: _____

B. **Project Information:**

Property Address: _____
 Assessor's Identification Number (AIN): _____
 Zoning Classification of the Subject Property: _____
 Lot Area Per Parcel (Square Feet): _____
 Building/Unit (Footprint) Square Footage: _____

C. **Project Coordinator/Applicant Information:**

Name: _____ Title: _____
 Address: _____
 Phone: _____ E-Mail: _____

D. **Property Owner Information:**

Name: _____ Title: _____
 Address: _____
 Phone: _____ E-Mail: _____



CITY OF WEST COVINA
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING DIVISION

**OCCUPANT'S PERMISSION TO ENTER AND
INVESTIGATE SITE**

I, _____ as _____
(owner or lessee)

and occupant of the property located at _____

do hereby authorize representatives of the City of West Covina to enter upon the above mentioned property for inspection purposes and to obtain photographs of the subject property to prepare reports for Administrative Permit No. _____.

This authorization terminates upon the final decision on the case, made either by the Planning Division, the Planning Commission or City Council of the City of West Covina.

Signature: _____

Date: _____

To be filled out by occupant (owner or lessee)