

## Exhibit B

## Operational Statement Form

Please use this form to clearly explain the proposed project. This information will assist all individuals, departments and agencies in their review and drafting of comments, conditions, suggestions or recommendations. The goal is to facilitate an accurate and complete description of your project in order to avoid unnecessary delays in gathering additional information. If you have any questions about the requested information, please call Development Services at (559) 621-8277.

Note: If the Operational Statement is not submitted or if the submittal is illegible, unclear or incomplete, the review of your project will not be accepted for processing.

### Project Description:

\_\_\_\_\_ is being submitted by \_\_\_\_\_ of \_\_\_\_\_ on behalf of \_\_\_\_\_ and pertains to \_\_\_\_\_ acres of property located at \_\_\_\_\_  
APN: \_\_\_\_\_ and is zoned \_\_\_\_\_ with a planned land use of \_\_\_\_\_

\_\_\_\_\_ The applicant is requesting authorization to: \_\_\_\_\_

\_\_\_\_\_ The proposed development will consist of \_\_\_\_\_

\_\_\_\_\_ The existing site currently consists of \_\_\_\_\_ with \_\_\_\_\_ existing parking spaces  
The proposed hours of operation are from \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_  
Other facts pertinent to this project are as follows: \_\_\_\_\_

APPL. NO.	T-6360	EXHIBIT	O	DATE	11/21/22
PLANNING REVIEW BY	_____	DATE	_____	_____	_____
TRAFFIC ENG.	_____	DATE	_____	_____	_____
APPROVED BY	_____	DATE	_____	_____	_____
CITY OF FRESNO DARM DEPT					

1. Project Narrative: (*communicate in detail all characteristics of your project; provide as much detail as possible; include basic information such as applicant/project name, business, product or service, anticipated traffic- customers, deliveries, etc., any special events, number of employees, required equipment, on-site storage, demolition or adaptive reuse of existing structures, noise generation, any hazardous materials, etc.*)