



Community Development Department

Planning Division Application Form

Staff Use Only

Filing Date: _____

Application #: _____

Assigned Planner: _____

Application Type

<input type="checkbox"/> Adult Use Planning Permit <input type="checkbox"/> Agricultural Preserve Cancellation <input type="checkbox"/> Alcohol Beverage Permit <input type="checkbox"/> Amended Final Map <input type="checkbox"/> Ancillary Game Arcade <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 No. _____ <input type="checkbox"/> Minor Modification to CUP No. _____ <input type="checkbox"/> Cul-de-sac Waiver <input type="checkbox"/> Density Bonus Agreement <input type="checkbox"/> Development Agreement <input type="checkbox"/> Development Plan Review: (Select one) <input type="checkbox"/> Industrial/All Others <input type="checkbox"/> Precise Plan for SFR subdivisions w/5 or more lots <input type="checkbox"/> Precise Plan for MFR projects w/4 or more units <input type="checkbox"/> Specific Plan <input type="checkbox"/> Specific Plan Amendment (Major) <input type="checkbox"/> Specific Plan Amendment (Minor) <input type="checkbox"/> Parcel Map <input type="checkbox"/> Tentative Tract Map <input type="checkbox"/> Extension of Time: (Select one) <input type="checkbox"/> DPR No. _____ <input type="checkbox"/> PP No. _____ <input type="checkbox"/> CUP No. _____ <input type="checkbox"/> PM No. _____ <input type="checkbox"/> TTM No. _____ <input type="checkbox"/> General Plan Amendment <input type="checkbox"/> Historic Building Demolition: (Select one) <input type="checkbox"/> Heritage Inventory <input type="checkbox"/> Landmark <input type="checkbox"/> Medical Office in a Residential Zone	<input type="checkbox"/> Model Home Permit <input type="checkbox"/> Non-Conforming Building Uses <input type="checkbox"/> Parcel Map: (Select one) <input type="checkbox"/> New – PM No. _____ <input type="checkbox"/> Resubmitted – PM No. _____ <input type="checkbox"/> Waiver <input type="checkbox"/> Parking Determination <input type="checkbox"/> Precise Plan Review: (Select one) <input type="checkbox"/> New <input type="checkbox"/> Major Modification to PP No. _____ <input type="checkbox"/> Minor Modification to PP No. _____ <input type="checkbox"/> Reversion to Acreage <input type="checkbox"/> Similar Use Finding <input type="checkbox"/> Special Use Permit: (Select one) <input type="checkbox"/> New <input type="checkbox"/> Renewal of SUP No. _____ <input type="checkbox"/> Specific Plan: (Select one) <input type="checkbox"/> New <input type="checkbox"/> Major Amendment to existing Specific Plan <input type="checkbox"/> Minor Amendment to existing Specific Plan <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 Review: (Select one) <input type="checkbox"/> Major Telecommunications Facility <input type="checkbox"/> Minor Telecommunications Facility <input type="checkbox"/> Modification to Existing Telecommunications Facility (\$ 6409 of the Middle Class Tax Relief and Job Creation Act) <input type="checkbox"/> Check if Located in Park <input type="checkbox"/> Tentative Tract Map: (Select one) <input type="checkbox"/> New – TTM No. _____ <input type="checkbox"/> Rephasing – TTM No. _____ <input type="checkbox"/> Resubmitted – TTM No. _____ <input type="checkbox"/> Variance: (Select one) <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Waiver or Modification (Subdivision Standards) <input type="checkbox"/> Zoning Administrator Review <input type="checkbox"/> Other _____
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Application Information

Applicant/Developer: _____

Address: _____

Contact Name: _____

Phone Number: _____ Email: _____

Applicant's interest in property: Own Rent Other: _____
(If applicant is not the owner, the owner's authorization signature at the end of this form is required to process this request.)

Owner Information:

Owner Name: _____

Address: _____

Contact Name: _____

Phone Number: _____ Email: _____

Architect Information:

Architecture Firm: _____

Address: _____

Contact Name: _____

Phone Number: _____ Email: _____

Engineer Information:

Engineering Firm: _____

Address: _____

Contact Name: _____

Phone Number: _____ Email: _____

General Project Description (all types):

Project Location (General) _____

Project Address: _____

General Description of Proposed Project: _____

Subject Property Information (all types):

Assessor's Parcel #: _____ Total Acreage: _____

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General Plan Designation: _____ Zone Designation: _____ Specific Plan Designation: _____

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: _____

Proposed Project (if applicable)

Type of use proposed: Residential Commercial Industrial Other: _____

Residential Project Summary

Name of Project: _____ Type of dwelling unit (SFR, MFR, etc): _____

Dwelling Units:	Proposed	Existing	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 _____

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: _____ # Fueling Stations (if applicable): _____

Parking Spaces: Ratio: _____ No. of Spaces Required by code: _____ No. of Spaces Provided: _____

No. of Anticipated Employees as prescribed per CMC 11.02: _____ No. of Anticipated Daily Vehicle Trips: _____

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

Special Use Permit Information

Carnival or Circus Car, Truck or Motorcycle Shows Christmas Tree/Pumpkin Lots

Parking Lot Sale or Event Other Events: _____

Non-Profit: Yes No Sale of Alcohol: Yes No Road Closures: Yes No

Live Music or D.J.: Yes No Number of Employees: _____ Estimated Number of Patrons: _____

Proposed Date (s) and Time(s):

Date (s)							
Start Time							
End Time							

Authorization (all types)

Print applicant name: _____

Applicant Signature: _____ Date: _____

Print owners name: _____

Owners Signature*: _____ Date: _____