

Planning Permit and Subdivision Application

Today's Date: _____

Permit #: _____

TYPE OF PERMIT/APPLICATION

- | | |
|--|--|
| <input type="checkbox"/> AREA PLAN
<input type="checkbox"/> SITE DEVELOPMENT PERMIT
<input type="checkbox"/> USE PERMIT
<input type="checkbox"/> COASTAL DEVELOPMENT PERMIT
<input type="checkbox"/> VARIANCE
<input type="checkbox"/> CHANGED PLAN
<input type="checkbox"/> OTHER _____ | <input type="checkbox"/> TENTATIVE TRACT MAP
<input type="checkbox"/> FINAL TRACT MAP
<input type="checkbox"/> TENTATIVE PARCEL MAP
<input type="checkbox"/> FINAL PARCEL MAP
<input type="checkbox"/> LOT LINE ADJUSTMENT
<input type="checkbox"/> CERTIFICATE OF COMPLIANCE
<input type="checkbox"/> OTHER _____ |
|--|--|

REVIEWING AUTHORITY - PLANNING STAFF VERIFICATION

- | | |
|--|---|
| <input type="checkbox"/> DIRECTOR
<input type="checkbox"/> ZONING ADMINISTRATOR
<input type="checkbox"/> SUBDIVISION COMMITTEE | <input type="checkbox"/> PLANNING COMMISSION
<input type="checkbox"/> BOARD OF SUPERVISORS
<input type="checkbox"/> OTHER _____ |
|--|---|

PROJECT INFORMATION

Address of Project: _____
Address
City
Zip

Legal Description: _____ Assessor Parcel Number (APN): _____

Project Description: _____

Existing Site and Environmental Conditions: _____

Previous County Action(s) and/or Environmental Documentation with technical studies: _____

CONTACT INFORMATION

Owner Name: _____ Phone Number: _____

Owner Address: _____
Address
City
Zip

Phone Number: _____ Fax: _____ Email: _____

Agent/Contact Person: _____ Affiliation: _____

Phone Number: _____ Fax: _____ Email: _____

Architect/Engineer: _____ / _____ / _____ / _____ / _____
Name
License #
Address
Zip
Email

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ZONING INFORMATION – PLANNING STAFF VERIFICATION

Zoning :	_____	General Plan:	_____
Planned Community	_____	Supervisor District :	_____
Specific Plan	_____	Flood Plain:	_____
Lot Size	_____	Coastal Zone :	_____
Sphere of Influence	_____	Review Board:	_____
Additional Information	_____		
Planner's Name:	_____	Signature:	_____

DECLARATION:

I acknowledge that:

1. There are no assurances at any time, implicitly or otherwise, regarding final staff recommendations to the decision making body of this application.
2. Major changes of the proposed project may require a new application and payment of new fees/deposits.
3. The County will charge the actual cost of the staff work on the application per the current Fee Ordinance. The cost of processing the application will be deducted from the deposit. If the deposit is reduced to a point that is insufficient to complete the future work, you will be notified to deposit additional amounts.

I declare to the best of my knowledge that the information I have presented on this form and attached materials is true and correct. I also understand that additional data and information may be required prior to final action on this application. I have read and understand the contents contained in the above statements 1 through 3.

Print Name

Signature

Date

Designation of Financially Responsible Party

As stated in the Board-approved Ordinance, the County's Planning Department operates by recording actual costs against a deposit for grading and planning services. Thus, it is required that each permit or record maintained by Planning have a Financially Responsible Party (FRP) identified.

Per the County Ordinance, the FRP and the owner will receive all official communications regarding fiscal matters, including notices of low balances and additional requests for deposits and copies of permits. The FRP will also receive any refunds, if applicable. Once the FRP is identified, a confirmation notice will be sent in which the named FRP will have 10 days to notify the County of any errors. If the designation is contested, all work on the permit(s) may be stopped until this issue is resolved.

Permit / Record # (s)

Planned Communities Reimbursement Agreement (PCRA):

Y N

Trust Account Name/Number: _____ (Associated for reference)*

**Automatic Trust Account Replenishment requires a separate form.*

As The Applicant* Owner Contractor Other* _____ I Designate the
(Specify) _____

Financially Responsible Party to be: _____

Contact Person/Agent of this application to be _____

Applicant* Owner Contractor Other* _____

Name _____

Company / Business Name _____

Address _____

City, State, Zip _____

Phone # _____

Email Address _____

PRINT NAME

SIGNATURE

DATE

County Use Only New Application Revision to current Application

Received By: _____ Date: _____ Role Updated in APPS: _____

* Any FRP other than the owner or a licensed contractor must have notarized authorization to complete any form on behalf of the owner or licensed contractor.