



Community Development Department Application

Received Stamp

Staff Use Only

Development #: _____ Application #: _____
 Development Plan Review # _____ Filing Date: _____
 DPR/PRC Date: _____
 Assigned Planner: _____
 Assigned Project Engineer: _____
 Subdivision Map #: _____
 TUMF Assessment: _____ Category: _____

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"/> 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: Major <input type="checkbox"/> Minor <input type="checkbox"/> Modification <input type="checkbox"/> Conditional Use Permit # _____ <input type="checkbox"/> Cul-de-sac Waiver <input type="checkbox"/> Density Bonus Agreement <input type="checkbox"/> Development Agreement <input type="checkbox"/> Development Plan Review <input type="checkbox"/> Extension of Time: CUP <input type="checkbox"/> DPR <input type="checkbox"/> PM <input type="checkbox"/> PP <input type="checkbox"/> TTM <input type="checkbox"/> <input type="checkbox"/> General Plan Amendment <input type="checkbox"/> Historic Resource: Nomination <input type="checkbox"/> Property Preservation <input type="checkbox"/> <input type="checkbox"/> Historic Building Demolition: Heritage Inv. <input type="checkbox"/> Landmark <input type="checkbox"/> <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: New <input type="checkbox"/> Resubmitted <input type="checkbox"/> Waiver <input type="checkbox"/> Map Number: _____ <input type="checkbox"/> Parking Determination <input type="checkbox"/> Precise Plan Review <input type="checkbox"/> Minor <input type="checkbox"/> Modification <input type="checkbox"/> Precise Plan # _____ <input type="checkbox"/> Reversion to Acreage <input type="checkbox"/> Similar Use Finding <input type="checkbox"/> Special Use Permit: New <input type="checkbox"/> Renewal <input type="checkbox"/> Special Use Permit # _____ (See Page 3) <input type="checkbox"/> Specific Plan: New <input type="checkbox"/> Amendment <input type="checkbox"/> <input type="checkbox"/> Sphere of Influence Amendment <input type="checkbox"/> Substantial Conformance <input type="checkbox"/> Surface Mine: Permit <input type="checkbox"/> Annual Inspection <input type="checkbox"/> Telecommunications Facility Review: <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: New <input type="checkbox"/> Rephasing <input type="checkbox"/> Resubmitted Map Number: _____ <input type="checkbox"/> Variance: Major <input type="checkbox"/> Minor <input type="checkbox"/> <input type="checkbox"/> Waiver or Modification (Subdivision Standards) <input type="checkbox"/> Zoning Administrator Review <input type="checkbox"/> Miscellaneous _____
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Application Information

Applicant Name _____
 Applicant Address _____
 Contact Name _____
 Phone Number _____ Fax Number _____
 Email: _____

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

Owner Information:

Owner Name _____

Owner Address _____

Contact Name _____

Phone Number _____ Fax Number _____

Email: _____

Architect Information:

Architect Name _____

Architect Address: _____

Phone Number _____ Fax Number _____

Email: _____

Engineer Information:

Engineer Name _____

Engineer Address: _____

Phone Number _____ Fax Number _____

Email: _____

Primary contact is: Applicant Owner Architect Engineer

General Project Description (all types):

Project Location (General) _____

Project Address: _____

General Description of Proposed Project: _____

Has this project received pre-application review comments? Yes (date) _____ No

Subject Property Information (all types):

Assessor's Parcel #: _____ Total Acreage: _____ Redevelopment Area (if applicable): _____

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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: _____

Proposed Project (all types)

Type of use proposed: Residential Commercial Industrial Other: _____

Residential Project Summary

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

<u>Dwelling Units:</u>	<u>Proposed</u>	<u>Existing</u>	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 (acres each of private, common, and landscaping): _____

Non-residential Project Summary

Gross floor area: _____ Proposed: _____ Existing: _____ Building Height: _____

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: _____ Required by code: _____ 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.: _____

Open space description:

Private Recreational: Common: Other:

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

Print applicant name: _____

Applicant Signature: _____ Date: _____

Print owners name: _____

Owners Signature*: _____ Date: _____