



MASTER LAND USE APPLICATION

Type of Approval(s) requested:

- | | | |
|---|--|--|
| <input type="checkbox"/> CONDITIONAL USE PERMIT | <input type="checkbox"/> GENERAL PLAN AMENDMENT | <input type="checkbox"/> ADULT BUSINESS PERMIT |
| <input type="checkbox"/> ZONE VARIANCE | <input type="checkbox"/> SPECIFIC PLAN | <input type="checkbox"/> PARKING MANAGEMENT PLAN |
| <input type="checkbox"/> SITE PLAN REVIEW | <input type="checkbox"/> PLANNED DEVELOPMENT DISTRICT | <input type="checkbox"/> PERMIT EXTENSION |
| <input type="checkbox"/> SIGN DEVIATION | <input type="checkbox"/> TENTATIVE TRACT MAP | <input type="checkbox"/> PERMIT MODIFICATION |
| <input type="checkbox"/> PLANNED SIGN PROGRAM | <input type="checkbox"/> PARCEL MAP | <input type="checkbox"/> APPEAL |
| <input type="checkbox"/> ZONE CHANGE | <input type="checkbox"/> LOT LINE ADJUSTMENT | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> HILLSIDE PLAN REVIEW | <input type="checkbox"/> PRELIMINARY PLAN REVIEW | |
| <input type="checkbox"/> CIVIC CENTER REVIEW | <input type="checkbox"/> NONCONFORMING ENTITLEMENT
TRANSFER/EXTENSION | |

Project(s) Address(es): _____

Zoning Designation(s): _____ **General Plan Designation(s):** _____

Project Description (Please describe the proposed project and requested entitlements, including all demolitions, alterations, and new construction. **Use additional sheets if necessary.**):

Applicant(s): _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Contact person: _____

Address: _____

Phone: _____ Fax No: _____

E-mail: _____

Property Owner(s): _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

CERTIFICATION

I hereby certify that I am the applicant, owner, or designated agent named herein, and that I am familiar with the rules and regulations with respect to preparing and filing this petition for discretionary action, and that the statements and answers contained herein and the information attached are in all respects true and accurate to the best of my knowledge and belief.

Signature: _____ Date: _____

DO NOT WRITE BELOW. THIS SPACE FOR STAFF USE ONLY

Date Received: ____ / ____ / ____ **Case No.:** _____

Total Fee(s) Paid: \$ _____ **Received By:** _____

AFFIDAVIT
TO BE COMPLETED BY THE APPLICANT FOR ALL APPLICATIONS

California All-Purpose Acknowledgement

Civil Code 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____

County of _____

On _____ before me, _____,

DATE

NAME, TITLE OF OFFICER

personally appeared _____,

NAMES(S) OF SIGNER(S)

personally known to me – OR – proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/their authorized capacity(ies), and that by he/she/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

SIGNATURE OF NOTARY

ENVIRONMENTAL INFORMATION FORM

EXISTING PROPERTY INFORMATION

Assessor Parcel Number(s): _____

Number of Existing Land Parcels: _____ Future Number of Parcels: _____

Square Footage of Property: _____ Average Slope of Land if Over 15%: _____

SURROUNDING LAND USES

North: _____ South: _____

East: _____ West: _____

EXISTING BUILDING INFORMATION

	BLDG A	BLDG B	BLDG C	BLDG D
Year built				
Number of stories				
Hours of operation				
Number of employees				
UBC occupancy group				
UBC type of construction				
Height of building in feet				
Number of housing units				
Fire sprinklers? (yes/no)				
Number of parking spaces				
Total gross square footage				
Building footprint square footage				
Number of fixed seats (restaurant)				
Number of bedrooms / bathrooms				
Number of housing units demolished				
Square footage of restaurant seating area				
Number of hotel/motel rooms to be demolished				
Type of use (e.g. Residential, Commercial, Mixed-Use, Industrial, etc.)				
Percentage of open space/landscaping square footage vs. site area				

If there are additional buildings on the site, please attach a separate sheet with the above information for each building.

PROPOSED BUILDING INFORMATION

	BLDG A	BLDG B	BLDG C	BLDG D
Number of stories				
Hours of operation				
Number of employees				
UBC occupancy group				
UBC type of construction				
Height of building in feet				
Number of housing units				
Fire sprinklers? (yes/no)				
Number of parking spaces				
Total gross square footage				
Building footprint square footage				
Number of fixed seats (restaurant)				
Number of bedrooms / bathrooms				
Number of housing units proposed				
Square footage of restaurant seating area				
Number of hotel/motel rooms				
Type of use (e.g. Residential, Commercial, Mixed-Use, Industrial, etc.)				
Percentage of open space/landscaping square footage vs. site area				

If there are additional buildings on the site, please attach a separate sheet with the above information for each building.

Estimated Valuation: \$ _____

Explain if the project is located in geological hazard area (i.e. hillside area, seismic fault, erosive soils, etc.) Use additional sheets if necessary): _____

List any engineering, geological, traffic, or other technical reports prepared concerning the proposed Project. (Use and attach additional sheets if necessary): _____

Amount of Grading Proposed: Cut: _____ Fill: _____ Balance: _____

Imported: _____ Exported: _____ Square Feet of Paving: _____

Square Feet of Open Space / Landscaping: _____

Your application is complete when all attached supplemental applications are completed and submitted. The Case Planner will notify you if any additional items or reviews are necessary.