



PLANNING APPLICATION FORM

IMPORTANT NOTICE TO APPLICANT!

Applicants are strongly encouraged to contact their neighborhood council prior to submitting an application to be reviewed or heard by the Design Review Board or the Planning Commission. Neighborhood council contact information is available at the Planning Division information counter.

APPLICATION TYPE(S)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Plan Amendment/Rezone | <input type="checkbox"/> Variance | <input type="checkbox"/> Density Bonus | <input type="checkbox"/> Zoning Verification Letter |
| <input type="checkbox"/> Zoning Ordinance Amendment | <input type="checkbox"/> Design Review Permit | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Over-the-Counter Plan Check |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Zoning Administrator Permit | <input type="checkbox"/> Historic Preservation Permit | <input type="checkbox"/> Preliminary Application |
| <input type="checkbox"/> Administrative Use Permit | <input type="checkbox"/> Tentative Parcel Map | <input type="checkbox"/> Sign Permit | <input type="checkbox"/> SB35 <input type="checkbox"/> Other: |
| <input type="checkbox"/> Temporary Use Permit | <input type="checkbox"/> Tentative Tract Map | <input type="checkbox"/> Fence Permit | |

PROJECT INFORMATION

Site Address:

APN(s):

Project Description:

PROPERTY OWNER ACKNOWLEDGEMENT & AUTHORIZATION

Property Owner's Name:

(*If the owner and/or applicant is an LLC, please complete Disclosure Statement on back)

Mailing Address:

(Street, City, State, Zip)

Phone:

Fax:

Email:

I recognize that this application is subject to the California Environmental Quality Act (CEQA). The City, in granting this application, may attach any conditions necessary to insure that the proposal will not be detrimental to the welfare of property or persons residing or working in the neighborhood or in the City. I further certify that the information and exhibits submitted for this proposal are true and correct. In signing this application, I, as property owner, have full legal capacity to, and hereby do, authorize the filing of this application. I understand that conditions of approval are binding. I agree to be bound by those conditions, subject only to the right to object at the hearing on this application or during the appeal period.

X

Signature

Date

APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION

Applicant's Name:

(*If the owner and/or applicant is an LLC, please complete Disclosure Statement on back)

Mailing Address:

(Street, City, State, Zip)

Phone:

Fax:

Email:

In signing this application, I, as applicant, represent to have obtained authorization of the property owner to file this application. I agree to be bound by conditions of approval, subject only to the right to object at the hearing on this application or during the appeal period. If this application has not been signed by the property owner, I have attached separate documentation of full legal capacity to file this application and agreement to conditions of approval, subject only to the right to object at the hearings or during the appeal period.

X

Signature

Date

PLANNING DIVISION USE ONLY

File No.:

Intake Staff:

Applied Date:

Disclosure Statement for Limited Liability Companies

Whenever the owner of a property or the applicant for a City permit or license is a limited liability company (“LLC”), the LLC shall provide the City with the names and business addresses of any and all shareholders, directors, officers, members, managers, other authorized persons, partners, and “Beneficial Owners” of the applying LLC. A Beneficial Owner is any person or entity who: (1) exercises substantial control over the applying LLC; (2) owns 25% or more of the interest in the applying LLC; or (3) receives substantial economic benefits from the assets of the applying LLC. If any LLC shareholder, director, officer, member, manager, other authorized person, partner, or Beneficial Owner is itself an LLC or other business entity, the names and business addresses must also be provided for any and all shareholders, directors, officers, members, managers, other authorized persons, partners, and Beneficial Owners of that LLC or other business entity all the way up through each entity in the organizational chart until ultimate ownership by individual people is disclosed.

Name: _____

Title: _____

Address: _____

Name: _____

Title: _____

Address: _____

Name: _____

Title: _____

Address: _____

Check this box if additional ownership information is attached to this Disclosure Statement.

In signing this Disclosure Statement, I represent that the information submitted in this Disclosure Statement, and any attachments, is true and correct.

Signature: _____

Printed Name: _____

Title: _____

Date: _____