

COUNTY OF SACRAMENTO MUNICIPAL SERVICES AGENCY PLANNING DEPARTMENT APPLICATION INFORMATION FORM

www.saccounty.net/planning

**PLEASE MAKE AN APPOINTMENT TO FILE YOUR
PLANNING APPLICATION – CALL (916) 874-6141**

<p>1. <input type="checkbox"/> General Plan Amendment <input type="checkbox"/> Tentative Subdivision Map <input type="checkbox"/> Community Plan Amendment <input type="checkbox"/> Vesting Subdivision Map <input type="checkbox"/> Special Development Permit <input type="checkbox"/> Use Permits <input type="checkbox"/> Rezoning <input type="checkbox"/> Exceptions <input type="checkbox"/> Development Plan Review <input type="checkbox"/> Variance <input type="checkbox"/> Tentative Parcel Map <input type="checkbox"/> Mobilehome Cert. of Compatibility <input type="checkbox"/> Special Review of Parking <input type="checkbox"/> Affordable Housing Plan <input type="checkbox"/> Zoning Enforcement Referral <input type="checkbox"/> Other _____</p>	<p>OFFICIAL USE ONLY</p> <p>Control No.: _____</p> <p>_____</p> <p>_____</p>
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NOTE: AN INCOMPLETE APPLICATION CANNOT BE SCHEDULED FOR HEARING.

The Zoning Code requires specific material to be submitted in conjunction with this form. The required items are indicated on the attached and other instruction packets. The applicant is responsible for accuracy.

PROPERTY	<p>2. Project Name (if any): _____</p> <p>3. Site Address or Location: _____</p> <p>4. Assessor's Parcel Nos.: _____</p> <p>5. Total Acres: Gross _____ Net _____</p> <p>6. Requested Application in Detail: _____</p> <p>7. Justification for Each Application: On a separate sheet, to be attached to this form, prepare a detailed statement explaining why you believe your request(s) is justified.</p>
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CONTACTS	<p>8. <i>Property Owner:</i> _____ Address: _____ Ph: _____ E-mail/Fax: _____ Contact: _____ Correspondence <input type="checkbox"/></p> <p><i>Developer:</i> _____ Address: _____ Ph: _____ E-Mail/Fax: _____ Contact: _____ Correspondence <input type="checkbox"/></p>	<p><i>Applicant:</i> _____ Address: _____ Ph: _____ E-mail/Fax: _____ Contact: _____ Correspondence <input type="checkbox"/></p> <p><i>Arch/Eng:</i> _____ Address: _____ Ph: _____ E-mail/Fax: _____ Contact: _____ Correspondence <input type="checkbox"/></p>
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OFFICIAL USE ONLY

Hearing Body: _____

Location: _____

Request: _____

Logged by: _____ E.I.C. _____

Community: _____

G/P: _____

C/P: _____

Zoning: _____

Grid: _____

Applicable Zoning Code Sections: _____

APPLIES TO GENERAL PLAN AMENDMENTS, COMMUNITY PLAN AMENDMENTS AND REZONES	9. Existing General Plan Land Use Categories	Gross Acres	Proposed General Plan Land Use Categories	Gross Acres	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	10. Existing Land Use Zone	Gross Acres	Proposed Land Use Zone	Gross Acres	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	11. Is the entire acreage of the project or parcel to be rezoned?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	12. Is public water available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
13. Is public sewer available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

PROPOSALS FOR CONSTRUCTION OF NEW RESIDENTIAL, COMMERCIAL OR INDUSTRIAL BUILDINGS OR SPACE

RESIDENTIAL PROJECTS ONLY	14. Has a prior residential project been approved for all or part of this project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	15. How many residential dwelling units are requested? TOTAL _____ Indicate total number of units in each category: Single Family _____ Halfplex _____ Duplex _____ Mobilehomes _____ Apartments _____ Condominiums _____ Townhomes _____ Other _____			
	16. If apartments, townhomes or condominiums are proposed, indicate bedroom distribution: One bedroom units and studios _____ Two bedroom units _____ Three bedroom units _____			
	Do you intend to market the units for sale? _____ or rent? _____			

COMMERCIAL/INDUSTRIAL PROJECTS ONLY	17. Indicate the type of commercial/industrial development proposed: (check each that applies) <input type="checkbox"/> Retail <input type="checkbox"/> Other Commercial <input type="checkbox"/> Medical/Dental Office <input type="checkbox"/> High Tech Office <input type="checkbox"/> Business/Professional Office <input type="checkbox"/> Mini Storage <input type="checkbox"/> Industrial <input type="checkbox"/> Warehouse <input type="checkbox"/> Other Please provide additional descriptions as appropriate: _____											
	18. What is the gross and leasable square footage for each category indicated above?											
	<table border="1"> <thead> <tr> <th>Type</th> <th>No. of Buildings</th> <th>Gross Square Footage</th> <th>Leasable Square Footage</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Type	No. of Buildings	Gross Square Footage	Leasable Square Footage	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____									
_____	_____	_____	_____									

19. Authority to File Application (check one) * Attach evidence of authority.
 Ownership Power of Attorney* Contract to Purchase* Other (specify) _____
20. I also certify that I have consulted the current Hazardous Waste and Substances Sites List, developed pursuant to AB 3750, and found that my project site is _____ is not _____ on the list.
- 21. I hereby give permission to County staff and other authorized personnel to conduct site inspections on my property during the processing of this application. I also agree to not alter the physical condition of the property during the processing of this application by such activities as tree removal, demolition of structures, stream alteration, and grading and filling. I understand that failure to comply with these requirements may result in the denial of my project, punitive damages, or both.**
- 22. I hereby certify that the above information and accompanying documents are true and accurate to the best of my knowledge and agree to pay all fees required to complete processing of this application. The cost for preparation of environmental documents pursuant to CEQA will be billed separately based on set hourly rates and actual time and materials used.**

APPLICANT: _____ Date: _____

PROPERTY OWNER: _____ Date: _____

_____ Date: _____

(Applications may not be accepted without signature of property owner or his official agent with Power of Attorney.)