MISCELLANEOUS PLAN PERMIT APPLICATION

PLANNING DIVISION, COMMUNITY DEVELOPMENT DEPARTMENT

PROPERTY ADDRESS:		**APN:**
PROPERTY OWNER	Name:	Phone: ( )
	Address:	Zip:
APPLICANT **(if different from above)**	Company:	Contact:
	Address:	Phone: ( )
	Email:	Zip:
PAYEE **(if different from above)**	Name:	Phone: ( )
	Address:	Zip:
PROJECT DESCRIPTION:		

Property Owner's Name (print) **Property** Owner's Signature Date

OFFICE USE ONLY		
Project Number:		**Receipt #** _____
Project Name:		☐**Check #** _____
Accepted by:	Date:	☐**Credit #**_____
		☐**Cash**

$_____	☐ ABC - Finding of Public Convenience letter	$_____	☐ Landscaping, parking, lighting & architectural plan
$_____	☐ Accessory utility building in Residential zone	$_____	☐ Office or financial institution in a commercial zone
$_____	☐ Accessory & incidental storage in Industrial zone (<=5%)	$_____	☐ Other Miscellaneous Plan Permit _____
$_____	☐ Design Review - Residential or ALU (no hearing)	$_____	☐ Outdoor seating for existing restaurants (except DSP Block 2)
$_____	☐ Design Review - new building in Industrial zone	$_____	☐ Retail or services in Industrial zone
$_____	☐ Mobile or portable units for temporary storage or debris	$_____	☐ Signs: ☐New (not MSP) ☐ Temp. ☐ MSP☐ minor MSP mod.
$_____	☐ Extension of time for public hearing projects	$_____	☐ Small hazardous material additions or storage
$_____	☐ Exterior color or material modifications	$_____	☐ Stormwater Management Plan (not associated with other permit)
$_____	☐ Fence: ☐Front or Corner ☐Side or Rear	$_____	☐ Waiver of screening for exposed equipment
$_____	☐ Five year CDD review of telecommunications facilities	$_____	☐ Waiver of undergrounding requirements

Fee Total $_____

☐ APPROVED WITH THE FOLLOWING CONDITIONS ☐ DENIED

1.

2.

3.

BY:

For the Director Of Community Development Date

(***Distribution 4 Copies**: Planning; Applicant; Revenue; One Stop)*

Rev. 7/09