



## ZONING PLAN REVIEW APPLICATION

PLANNING SERVICES DIVISION

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### ELECTRONIC SUBMITTAL REQUIREMENTS CHECKLIST

#### **Introduction**

The purpose of the Zoning Plan Review application is to provide for Planning Division review of minor applications to ensure that they meet the intent of the Zoning Code and General Plan. These permits do not require review by the Planning Commission or other hearing body.

#### **Procedures:**

Applications will be processed according to the Administrative Permit filing schedule. Planning staff will make a decision on the request based on applicable zoning code requirements. When approved, Planning staff will provide an approval document.

#### **Submittal Requirements:**

The following minimum information and materials are required for the processing of a Zoning Plan Review. Plans need to be drawn to scale and must comply with the [E-plan Submittal Requirements](#) and [Sheet Numbering Guidelines](#). Submittal requirements are as follows:

- 1. APPLICATION FORM: Complete the application form on page two of this application.
- 2. REQUEST LETTER: Provide an overview of the request.
- 3. PHOTOGRAPHS: Photographs should include the project site and surrounding properties.
- 4. SITE PLAN.
- 5. FLOOR PLAN.
- 6. ELEVATIONS (*for exterior modifications and new construction only*).
- 7. SECTION PLAN (*roof-mounted equipment only*).
- 8. ROOF PLAN (*for roof-mounted equipment only*).
- 9. LANDSCAPE PLAN (*if not included on site plan*).
- 10. REQUEST:
  - Major Plan Check Review
  - Administrative Substantial Conformance, Minor Plan Check Review
  - Compact to Standard Parking Conversion, Parking Lot Re-Striping, Vehicle to Bicycle Parking Conversion
  - Exterior Alterations to Mills Act Properties
- 12. REQUEST FEE: Refer to the [Planning & Zoning Fee Schedule](#) \$ \_\_\_\_\_

# APPLICATION FORM

PLANNING SERVICES DIVISION

## PROJECT INFORMATION:

Project Name:

Project Address or  
Location:

Assessor's Parcel Number(s):

Current Land Use:

## APPLICANT INFORMATION (the individual or entity financially responsible for the project):

Applicant Name:

Company Name:

Phone No:

Fax No:

E-mail Address:

Address:

City:

Zip Code:

## AGENT INFORMATION (IF APPLICABLE):

Applicant Name:

Company Name:

Phone No:

Fax No:

E-mail Address:

Address:

City:

Zip Code:

*I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including maps, plans, drawings, statements and answers contained herein, are in all respects true and correct. The applicant name should match the DTF Setup Form and is the person financially responsible for the payment of fees associated with this request.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PROPERTY OWNER INFORMATION:

Property Owner:

Company Name:

Phone No:

Fax No:

E-mail Address:

Address:

City:

Zip Code:

*I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including maps, plans, drawings, statements and answers contained herein, are in all respects true and correct. I HEREBY CERTIFY that I am the legal property owner of record or his/her authorized representative and acknowledge and authorize the person(s) named above as applicant and agent to represent me and bind me in all matters concerning this Application for Administrative Permit. I approve of the action requested.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Type: PCK