



APPLICATION Type B Part 1

Type of Review Requested

- General Plan Amendment
- General Development Plan New Amendment
- SPA / Specific Plan New Amendment
- Zone Change
- Tentative Subdivision Map
- Annexation
- Other _____

STAFF USE ONLY

Case #: _____
 Submittal Date: _____
 Assigned Planner: _____
 Project Account: _____
 Deposit Account: _____
 Related Cases: _____
 Receipt #: _____

Application Information

Applicant Name _____
 Applicant Address _____
 Contact Name _____ Phone _____
 Applicant's Interest in Property (If applicant is not the owner, the owner's authorization signature at the end of this form is required to process this request.) Own Rent Other _____
 Engineer/Agent _____ Address _____
 Contact Name _____ Phone _____
 Primary Contact is: Applicant Agent E-mail of primary contact _____

General Project Description (all types)

Project Name _____ Proposed Use _____
 Project Description or Proposed Project _____

Subject Property Information (all types)

Location Street Address _____
 Parcel # _____ Total Acreage _____ Redevelopment Area (if applicable) _____
 General Plan Designation _____ Zone Classification _____
 Planned Community (if applicable) _____ Current Land Use _____

General Plan Amendment

Proposed Land Use Designation _____
 Justification for General Plan change _____

General Development Plan

General Development Plan Name: _____

Proposed Land Uses / Total Acres

Commercial / _____ Acres	Industrial / _____ Acres
Parks / _____ Acres	Schools / _____ Acres
Community Purpose / _____ Acres	Circulation / _____ Acres
Public / Quasi / _____ Acres	Open Space / _____ Acres



APPLICATION Type B Part 1

Residential / Range

Single Family Detached / _____	To _____	Units _____	Acres _____
Single Family Attached / _____	To _____	Units _____	Acres _____
Duplexes / _____	To _____	Units _____	Acres _____
Apartments / _____	To _____	Units _____	Acres _____
Condominiums / _____	To _____	Units _____	Acres _____
TOTALS / _____	To _____	Units _____	Acres _____

Annexation

Prezoning _____ LAFCO Reference # _____

Tentative Subdivision Map

Subdivision Name _____ CV Tract # _____
 Minimum lot size _____ Number of units _____ Average lot size _____

Zone Change

Rezoning Prezoning Setback Proposed Zoning _____

Authorization

Print applicant name _____

Applicant Signature _____ **Date** _____

Print owner name* _____

Owner Signature* _____ **Date** _____

* Note: Proof of ownership may be required. Letter of consent may be provided in lieu of signature.



ZONE CHANGE APPLICATION CHECKLIST

Please note that additional requirements may be necessary for your particular project.
Please confirm with Planning Staff before submittal

- Number of Sets Required: 24*
- Site Plan must be folded to 8 1/2" x 11" size and contain the following information:

SITE PLAN	STAFF USE
✓ Project Location, Legal Description and Assessor's Parcel Number _____	<input type="checkbox"/>
✓ Property Owner's Name and Address _____	<input type="checkbox"/>
✓ Name of Person or Firm who prepared the plans and date of preparation _____	<input type="checkbox"/>
✓ Vicinity Map and North Arrow _____	<input type="checkbox"/>
✓ Existing zone designation of subject and adjacent properties _____	<input type="checkbox"/>
✓ Existing General Plan designation of subject and adjacent properties _____	<input type="checkbox"/>
✓ Boundaries of subject property with dimensions _____	<input type="checkbox"/>
✓ Existing and proposed easements _____	<input type="checkbox"/>
✓ Existing topography and proposed grading showing all slopes, retaining walls, street improvements, etc. _____	<input type="checkbox"/>
✓ Location of all existing trees or manmade features which are to remain or to be removed _____	<input type="checkbox"/>
✓ Locations, type, and size of all existing and proposed underground utilities. _____	<input type="checkbox"/>
<small>The facilities to be shown include, but are limited to, electric transformer boxes, fuse boxes, telephone boxes, post indicator valves and fire department connectors (standpipes), etc.</small>	
✓ Driveway widths and locations _____	<input type="checkbox"/>
✓ Adjacent streets, alleys and properties- including adjacent structures _____	<input type="checkbox"/>
✓ Scale no less than 1"=30' _____	<input type="checkbox"/>

* **Note:** If the application is in the Bayfront, Eastern Territories, Redevelopment Area, or adjacent to a city boundary or highway/transit corridor, two (2) additional sets will be required.