

COUNTY OF MONTEREY

HOUSING AND COMMUNITY DEVELOPMENT



Planning - Building - Housing
1441 Schilling Place, South 2nd Floor
Salinas, California 93901-4527
(831) 755-5025

Development Project Application

This application is for:

- | | |
|--|---|
| <input type="checkbox"/> Combined Development Permit | <input type="checkbox"/> Tentative Parcel Map [Minor Subdivision] |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Tentative Map [Standard Subdivision] |
| <input type="checkbox"/> Administrative Permit [Coastal/Non-Coastal] | <input type="checkbox"/> Vesting Tentative Map |
| <input type="checkbox"/> Use Permit | <input type="checkbox"/> Preliminary Map |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Preliminary Project Review Map |
| <input type="checkbox"/> Design Approval | <input type="checkbox"/> Lot Line Adjustment |
| <input type="checkbox"/> General Development Plan | <input type="checkbox"/> Revised Final Map |
| <input type="checkbox"/> Coastal Development Permit | <input type="checkbox"/> Revised Parcel Map |
| <input type="checkbox"/> Modification of Conditions | <input type="checkbox"/> Amended Final Map |
| <input type="checkbox"/> Local Coastal Plan Amendment [L.U.P. or C.I.P.] | <input type="checkbox"/> Amended Parcel Map |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Subdivision Extension Request |
| <input type="checkbox"/> Minor Amendment [Coastal/Non-Coastal] | <input type="checkbox"/> Other _____ |

1. Owner[s] Name: _____
Address: _____ City: _____ State: _____
Telephone: _____ Zip Code: _____
2. Applicant's Name: _____
Address: _____ City: _____ State: _____
Telephone: _____ Zip Code: _____
3. Applicant's interest in property [Owner, Buyer, Representative, etc.] _____
4. Property address and nearest cross street: _____
5. Assessor's Parcel Number[s]: _____
6. Current Zoning: _____
7. Property area [acres or square feet]: _____
8. Describe the proposed project: _____

9. **Rezoning Or Amendment Only** The applicant wishes to amend Section _____ of the Monterey County Code, from a _____ Zoning District to a _____ Zoning District or some other classification.

10. **General Plan Amendment Or Coastal Plan Amendment Only:** Describe the proposed amendment:

11. **Subdivision Information Only** Number of Lots: _____
Purpose of Subdivision: Sale: Lease: Financing: Other: _____

12. **Lot Line Adjustment Information Only** What is the purpose of the adjustment: : _____

Will The Adjustment Relocate The Building Area? Yes No

Adjusted Parcel Size[s]: _____

_____ Owner's Signature	_____ Owner's Signature
_____ Owner's Name [Please Print]	_____ Owner's Name [Please Print]
_____ Assessor's Parcel Number	_____ Assessor's Parcel Number

13. **Variations Only:** Describe the proposed variance: _____

14. If new or additional construction is proposed, complete the following information:

A. Residential Development: Single Family Residence Other [how many total units] _____

No. of covered parking spaces _____ No. of uncovered parking spaces _____ Lot Coverage _____ %

B. Commercial or Industrial Development: No. of employees [include all shifts] _____

No. of covered parking spaces _____ No. of uncovered parking spaces _____

No. of Loading Spaces _____ Lot Coverage _____ %

15. Will grading or filling be required: Yes No Cubic Yards _____

16. Will the project require placement of structures, roads, grading cuts or fills on slopes of 30% or greater: Yes No

17. Will any trees be removed: Yes No If yes, indicate the number, specie[s] and diameter: _____

Other vegetation to be removed: _____

18. How will water be supplied: Individual Wells _____ Mutual System _____

Name of Public or Private Water System: _____

19. How will sewage or other waste be disposed: _____

Name of Public or Private Sewer System: _____

20. Is this land currently in row crop production: Yes No

21. Is this land used for grazing: Yes No

22. Is this land under an Agricultural Preservation Contract: Yes No If yes, indicate the Contract No. _____

23. Is this proposed project located on a hazardous waste facility: Yes No [Government Code 65962.5]. [A list of hazardous waste sites is maintained by the Environmental Health Dept., Phone 831-755-4500.]

I/We state that as the owner[s] or agent for owner[s] for the development permit application. I/We have read the complete application and know the contents herein. I/We declare under penalty of perjury that the information contained in this application including the plans and documents submitted herewith are true and correct to the best of my/our knowledge. If the project is approved, I/We understand that we may be charged an additional fee for staff time required to satisfy conditions of approval.

Dated: _____ at _____, California

I declare under penalty that I am authorized by the owner[s] of the described property to make this application.

Owner's Name [Please Print or Type]

Agent's Name [Please Print or Type]

Owner's Signature

Agent's Signature

Some application fees are charged on a deposit basis. Processing hours in excess of the deposit will be billed to the applicant at an hourly rate, prior to issuance of entitlements or permits. Processing hours less than the original fee will be refunded at the same rate after issuance of the entitlements or permits.

For Department Use Only

Plan Designation: _____ Area Plan: _____

Legal Lot: _____ Zoning Violation Case No.: _____

Property Owner Verified: Yes No Height: _____ Lot Coverage _____

Setbacks: F _____ R _____ S _____ Special _____ OPL _____

FAR _____ Fire Haz. _____ SRA _____ Flood _____

Advisory Committee: _____

Geo. Hazard Zones: _____ Arch. Sensitivity Zone: _____ ESH: _____

Misc.: _____

Application Given Out By: _____ Date: _____

Application Received By: _____ Date: _____