

PLANNING PERMIT APPLICATION

Planning and Environmental Review 130 Cremona Drive, Suite B, Goleta, CA 93117 Phone: (805) 961-7543 Fax: (805) 961-7551

PART A

FOR OTHER HOR ONLY							
FOR STAFF USE ONLY							
CASE NO:		FIXED FEES:			RECEIPT NO:		
RECEIVED BY:		DEPC	DEPOSIT FEES:		DATE:		
<u>Ministerial</u>		Discretionary			<u>Legislative</u>		
	Coastal Development Permit	□ A	Appeal		Development Agreement		
	Compliance Review		Coastal Development Permit vithin Appeal Jurisdiction		General Plan Amendment – Initiation		
	Emergency Permit		Conditional Use Permit – Minor (New / AMD / Revision)		General Plan Amendment		
	Land Use Permit		Conditional Use Permit – Major (New / AMD / Revision)		Zoning Ordinance Amendment		
	Minor Change to Zoning Permit		Design Review		Subdivision: Tract Map / Vesting Tract Map		
	Planner Consultation		Development Plan (New / AMD / Revision)		Specific Plan / Specific Plan Amendment		
	Substantial Conformity Determination	□ N	Modification				
	Temporary Use Permit		Overall Sign Plan				
	Zoning Clearance – Ministerial Projects	□ S	Subdivision: Non-Legislative				
	Zoning Clearance – Post- Discretionary Approval	п т	ime Extension				
	Zoning Conformity Determination – Cannabis	□ V	/ariance				
	Zoning Conformity Letter	□ N	/liscellaneous:				
	Zoning Code Determination						
	Miscellaneous:						

Applicants: If you have any questions regarding this application or required materials, please call Planning and Environmental Review at (805) 961-7543.

Revised April 2020

PART B

PRIMARY CONTACT INFORMATION (Please print or type) TELEPHONE EMAIL SITE INFORMATION PROPERTY ADDRESS _____ YEAR BUILT____ ASSESSOR'S PARCEL NUMBER (S) (Primary APN): _____ (Secondary APN): (Tertiary APN):_____ **LEGAL DESCRIPTION OF PROPERTY** (Attach additional sheets if necessary) LOT/PARCEL TRACT PARCEL SIZE (Acres or Square Feet) COVENANTS, CONDITIONS & RESTRICTIONS Is your property subject to recorded covenants, conditions and restrictions (CC&Rs)? ☐ No ☐ Yes • If yes, provide a copy of the C C & Rs. Do the CC & Rs provide for a Homeowner's Association (HOA)? ☐ No ☐ Yes Does your proposal require approval by the HOA? ☐ No ☐ Yes • If yes, provide documentation of approval. **PROJECT INFORMATION** (Be specific; Use additional sheets if necessary): GENERAL PLAN LAND USE DESIGNATION: EXISTING _____ PROPOSED ____ ZONE DESIGNATION: EXISTING ______ PROPOSED EXISTING LAND USE & STRUCTURES (Description of existing development, type of facility/company, number/description of rooms, Floor Area¹, number of single family residential units, etc.):

¹ Floor Area is defined as the area included within the surrounding exterior walls of all floors or levels of a structure or portion thereof as measured to the interior surfaces of exterior walls, or from the centerline of a common or party wall separating two attached structures. See Zoning Ordinance Section 17.03.070, Rules of Measurement – Floor Area, for specific rules for measuring Floor Area.

PROPOSED USE(S) & IMF including floor area, unenclosed por							
PART C							
PROPERTY OWNER'S CERTAIN An application may be filed only property owner(s).) of the p	oroperty or b	y a pers	on authorize	ed by the
I/We,	owner(s) to since with the see being sublints and inform	submit this requirer mitted as	s applica nents of a formal	tion. I/we furt the Goleta application f	her certif Municipa or the re	fy that this ap al Code an equests note	pplication d zoning ed on this
If a deposit is submitted, a Fit							
the Agreement to Pay. The F			an billi			Responsib	
PROPERTY OWNER NAME	- (,	CONTACT PERSON				
MAILING ADDRESS				PHONE			
CITY STATE ZIP			EMAIL				
NAME	SIGNATUR	E (must b	e provid	ed)	DATE		
☐ AGENT ☐ ARCHITECT ☐ ENGINEER (Must Check				□ Fina	ancially	Responsib	le Party
COMPANY NAME				CONTACT PERSON			
MAILING ADDRESS				PHONE			
CITY	STATE	ZIP	EMAIL				
1	1	i	1				

NAME	SIGNATUR	E			DATE		
OTHER INTERESTED PARTY				☐ Financially Responsible Party			
DESCRIPTION OF INTERESTI	ED PARTY						
COMPANY NAME			CONTACT PERSON				
MAILING ADDRESS			10HP	PHONE			
CITY STATE ZIP			EMAIL				
NAME SIGNATURE			DATE				
ALTERNATE BILLING ADDRE	SS (if neede	P)					
MAILING ADDRESS				ATTENTION NAME (Care of FRP)			
CITY STATE ZIP			AP Email				

PART D

AGREEMENT TO PAY (Only to be signed for Deposit Cases)

As an authorized representative of the Financially Responsible Party (FRP), I hereby consent, by

my signature below, that I understand the following and agree to pay all costs:

The service of processing an application for development of property in the City of Goleta is of primary benefit to the applicant. The cost of processing an application is charged according to the hours spent by staff in reviewing and analyzing the project, including, but not limited to checking plans, writing staff reports, preparing environmental analyses, notifying and responding to the public and attending public hearings. The applicant receiving the benefit from the service shall pay the cost of these services.

Total costs vary according to the size of the project and the complexity of the issues involved. The Hourly Rates for staff time and Administrative Surcharges will be charged in accordance with the most recent City of Goleta User Fee Schedule and City Policy. Current rates are as follows:

City of Goleta Staff Rates						
\$155.00/hour – Planning & Environmental Review	\$128.00/hour – Assistant City Attorney					
\$135.00/hour – Public Works	Fully Burdened Rate - all other departments					
Vendor Rates						
Project specific expenditures such as contract legal services, contract planners, biologist, archeologists, etc. will be billed at cost. In addition, a 15% administrative surcharge will be applied on top of all invoices.						
City Administrative Supplies						
City administrative supplies and other costs, such as postage for mailing, public notices, advertising, etc. will be billed "at cost" and are therefore excluded from the hourly staff rates and the administrative surcharge						

A Detail Listing Financial Report may be provided upon request and further explained by the case manager.

The initial deposit creates an account that allow processing time and other expenses to be charged. Case processing charges will automatically be drawn against the deposit funds. If the deposit falls below \$500.00 at any time, an invoice will be mailed to the **Financially Responsible Party** requesting supplemental funds at least equal to the initial deposit. If necessary, the initial deposit in addition to a negative balance will be invoiced. The case manager may also request enough funds for a contract to pay a vendor. **All development activities will be suspended until payment is received and account is positive.**

Except in extenuating circumstances, all case processing will be suspended on any cases with a negative balance and will not be resumed until payment to bring the balance positive has been received. This may delay bringing cases in front of Design Review Board, Planning Commission, and City Council. If the applicant has multiple developer deposits with the City, the City may, at its discretion, transfer funds between accounts to bring balances to acceptable levels and will provide notice to developer.

After the conclusion of case processing, and after full payment of all invoices is received, any remaining deposit amounts will be refunded to the **Financially Responsible Party** within 60 days.

FINANCIALLY RESPONSIBLE PARTY (as selected from above)					
Print Name	Signature	Date			

PART E

Check here if no related FRP cases

By signing this agreement, I hereby acknowledge that I have completely read and fully understand the Public Noticing requirements and that I am responsible for all expenses necessary for the required noticing, including the preparation and posting of the sign, for the project described in this application.

Print Name	Signature	Date
FOR P.E.R. STAFF USE ONLY		
CASE DESCRIPTION:		CASE MANAGER:
RELATED CASES (Same FRP):		STAFF TIME APPLICABLE: ☐ YES ☐ NO

SUPERVISOR INITIALS:

ACCT# ISSUED 801-