



DISCRETIONARY PERMIT APPLICATION FORM

Please Type or Print:

| | | | |
|---------------------------------------|---------------------------------------|--|---------------------------|
| APPLICANT INFORMATION | Project Address: | Assessor's Parcel #: | Legal Description: |
| | Project Description: | | |
| | Applicant: | Financial Responsibility: <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Other-Name: | |
| | Company: | | |
| | Mailing Address: | | |
| | Phone: _____ Fax: _____ | | |
| | E-Mail: | Mailing Address: | |
| | Property Owner: | | |
| | Company: | | |
| | Mailing Address: | | |
| Phone: _____ Fax: _____ | Phone: | | |
| E-Mail: | Fax: | | |
| E-Mail: | E-Mail: | | |

| | | | |
|----------------------|---|------------------------------|-----------------|
| CITY USE ONLY | Permit Type: | Case #: | Deposit: |
| | Coastal Permit: <input type="checkbox"/> Admin | ACP ___ - ____ | \$1,500 |
| | <input type="checkbox"/> Regular | CP ___ - ____ | \$2,000 |
| | <input type="checkbox"/> Conditional Use Permit | CUP ___ - ____ | \$2,000 |
| | <input type="checkbox"/> Design Review | DRC ___ - ____ | \$1,500 |
| | <input type="checkbox"/> General Plan Amendment | GPA ___ - ____ | \$5,000 |
| | <input type="checkbox"/> Zone Change | ZCA ___ - ____ | \$3,000 |
| | <input type="checkbox"/> Admin Sign Permit | ASP ___ - ____ | \$200 |
| | <input type="checkbox"/> Site Plan Review | SPR ___ - ____ | \$3,000 |
| | <input type="checkbox"/> Tentative Parcel Map | PM ___ - ____ | \$2,500 |
| | <input type="checkbox"/> Tentative Map | TM ___ - ____ | \$3,000 |
| | <input type="checkbox"/> Variance | VAR ___ - ____ | \$1,800 |
| | <input type="checkbox"/> Other | | \$ _____ |
| Account #: | MF #: _____ | Total \$ _____ | |
| Received By: | Date Received: | Receipt #: | |

AFFIDAVIT: We hereby certify that the information furnished in this application package is accurate, true, and correct to the best of our knowledge. By signing below, the property owner consents to the processing of the application by the applicant and authorizes the applicant to comply with the requirements placed on the application by the City. A letter of authorization from the owner may be submitted in lieu of the property owner's signature. A letter of authorization to sign is attached if the owner is a corporation or partnership. We acknowledge that, pursuant to the City's Full Cost Recovery Policy promulgated by City Council Resolution No. 4081, we are responsible for all application processing costs which include direct staff costs, indirect overhead costs computed at a rate of 2.327, and any processing charges by independent contractors or consultants on contract with the City. We acknowledge that the initial application deposit may not cover all processing costs incurred and hereby agree to reimburse the City for any additional expenses. We understand that, should the account go into deficit, all City work will stop, no hearings will be scheduled, and no permits or decisions will be issued until additional deposits, as required by the City, are submitted to replenish the account. Any remaining balance in the account will be refunded only to the designated financially responsible party unless an account change authorization is secured from the City's Finance Director.

Applicant's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

Financially Responsible Party's Signature: _____ Date: _____