

CITY OF EAST PALO ALTO PLANNING PERMIT APPLICATION FORM

NOTE TO APPLICANT:

Procedure and submittal requirements may vary depending on the type of permit requested.

Application for: (Check all applicable items:)

- | | |
|---|--|
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Special Use Permit |
| <input type="checkbox"/> Zone Change | <input type="checkbox"/> Sign Permit |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Tree Permit |
| <input type="checkbox"/> Parcel Map / Lot Line Adjustment | <input type="checkbox"/> Planned Community |
| <input type="checkbox"/> Subdivision Map (5 or more lots) | <input type="checkbox"/> Planned Unit Development |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Design Review |
| <input type="checkbox"/> Exemption from CEQA | <input type="checkbox"/> Architectural Supervision |
| <input type="checkbox"/> Negative Declaration (CEQA) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> EIR (CEQA) | |

Existing Zoning Designation of the Project Site: _____

Project Description: _____

Property Address: _____

Assessor's Parcel Number: _____ (Can be found on property tax bill.)

Applicant:

Name: _____ Telephone Number: _____

Mailing Address: _____

Signature: _____

Property Owner (if different than applicant)

Name: _____ Telephone Number: _____

Mailing Address: _____

Signature: _____ **Required.**

This section to be completed by the City Staff.

Application Number: _____ Date: _____

Application Submittal Checklist:

_____ Fee: \$ _____

_____ Required Drawings Submitted

_____ Supporting Statements

_____ Surrounding Property Owners Information

The East Palo Alto Planning Department Counter is open Monday – Friday

From 1:00 p.m. – 4:00 p.m.

Telephone: (650) 853-3185 ** FAX (650) 853-3179

NOTE TO APPLICANT:

If the project involves a Use Permit, Variance, General Plan Amendment and/or a Zone Change, you must provide a written statement of justification. Attach additional sheets as necessary. **Required.**

If the project involves construction or development of real property, provide all exhibits/materials required for design/development review. (See Development Review Submittal Checklists – available at the Planning Division Counter – or ask Planning staff.) **Required.**

Project Description

Site Size: _____
Number of Buildings: _____
Number of floors: _____
Building Height(s): _____
Area of Building(s): _____
Lot Coverage: _____ (building footprint or first floor area)
Number of off-street parking spaces: _____ Covered: _____ Uncovered: _____
Area of landscaping (square feet): _____
(Note: An Irrigation Water Management Plan may be required.)
Proposed construction schedule: _____

Associated or related projects: (include any relationship to a larger project)

If the project involves **residential** use:
a. Number of units: _____
b. Schedule of unit sizes: _____
c. Range of sales prices or rents: _____
d. Expected household size: _____

If the project involves **commercial** use:
a. Type of Use: _____
b. Number of employees: _____
c. Square Footage of Sales Area: _____
d. Description of Loading Facilities: _____

Public Notice

An accurate scale map showing the subject parcel(s) and each separate lot or parcel within 300 feet of the boundaries of the subject property together with a list of the current name and address of the property owners of the listed parcels as they appear on the County Assessor’s roles. (Not required for sign and tree permits.)

Hazardous Wastes and Substances Statement (Calif. Government Code 65962.5)

- The site *is not* included on the Hazardous Wastes and Substances Site List.
- The site *is* included on the Hazardous Wastes and Substances Site List.

Date of list: _____ Regulatory Identification Number: _____
(A copy of the list is available in the Planning Division office.)

Initial Study Information

Answer yes or not to each of the following questions. Please explain any items checked yes; attach additional sheets as necessary. Will the proposed project have an effect on any of the items listed below?

- | | <u>Yes</u> | <u>No</u> | |
|-----|------------|-----------|--|
| 1. | ___ | ___ | Change in existing features of lakes, hills or substantial alteration of ground contours? |
| 2. | ___ | ___ | Change in scenic views or vistas from existing residential areas or from public lands or roads? |
| 3. | ___ | ___ | Change in pattern scale or character of development? |
| 4. | ___ | ___ | Create significant amounts of solid waste or litter? |
| 5. | ___ | ___ | Change in amount of dust, ash smoke, fumes or odors in the vicinity? |
| 6. | ___ | ___ | Alteration of existing drainage patterns or change in water quality or quantity of any lake, stream or ground water aquifer? |
| 7. | ___ | ___ | Substantial change in existing noise and vibration levels in the area? |
| 8. | ___ | ___ | Is the site on filled land or on a slope of ten percent or more? |
| 9. | ___ | ___ | Does the project involve the use or disposal of potentially hazardous materials, such as toxic substances, flammables or explosives? |
| 10. | ___ | ___ | Substantial increase in fossil fuel consumption (electricity, oil, natural gas, etc.)? |

Certificate

I certify under penalty of perjury under the laws of the State of California that I am (an authorized agent for) the applicant and that the information set forth in this application and all attachments is true and correct, to the best of my knowledge and belief.

Date

Applicant's Signature

I certify that I am the owner of the property affected by the proposed project and that I am fully aware and approve of this application.

Date

Owner's signature (if other than the applicant)