



**COUNTY OF MONTEREY**  
**RESOURCE MANAGEMENT AGENCY - PLANNING**  
 168 WEST ALISAL, 2ND FLOOR, SALINAS, CA 93901  
 OFFICE: 831.755.5025 FAX: 831.757.9516

**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 _____                              |

- Owner[s] Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Applicant's interest in property [Owner, Buyer, Representative, etc.] \_\_\_\_\_
- Property address and nearest cross street: \_\_\_\_\_
- Assessor's Parcel Number[s]: \_\_\_\_\_
- Current Zoning: \_\_\_\_\_
- Property area [acres or square feet]: \_\_\_\_\_
- 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. VARIANCES 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: \_\_\_\_\_