



MONTEREY COUNTY PLANNING AND BUILDING INSPECTION DEPARTMENT

SALINAS OFFICE – 168 WEST ALISAL, 2ND FLOOR, SALINAS, CA 93902

OFFICE: 831.755.5025 FAX: 831.757.9516

COASTAL OFFICE – 2620 FIRST AVENUE, MARINA, CA 93933

OFFICE: 831.883.7500 FAX: 831.384.3261

DEVELOPMENT PROJECT APPLICATION

This application is for:

- Combined Development Permit, Rezoning, Administrative Permit, Use Permit, Variance, Design Approval, General Development Plan, Coastal Development Permit, Modification of Conditions, Local Coastal Plan Amendment, General Plan Amendment, Other, Tentative Parcel Map, Tentative Map, Vesting Tentative Map, Preliminary Map, Preliminary Project Review Map, Lot Line Adjustment, Revised Tentative Map, Revised Tentative Parcel Map, Amended Final Map, Amended Parcel Map, Subdivision Extension Request

1. Owner[s] Name: Address: Telephone: City: State: Zip Code:
2. Applicant's Name: Address: Telephone: City: State: 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? ADJUSTED PARCEL SIZE[S]: Owner's Signature, Owner's Name, 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.

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 _____

Application fees are charged based upon average hours to process a given application. Actual processing hours may be greater or less than hours specified on the fee sheet. Processing hours in excess of the fee sheet 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: _____ 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: _____