DISCRETIONARY PERMIT APPLICATION FORM

Please Type or Print:

APPLICANT INFORMATION			
	Project Address:	Assessor's Parcel #:	Legal Description:
	Project Description:		
	Applicant:		Financial Responsibility:
	Company:		☐ Owner
	Mailing Address:		☐ Applicant
	Phone:	Fax:	☐ Other-Name:
	E-Mail:		
	Property Owner:		Mailing Address:
	Company:		
	Mailing Address:		Phone:
	Phone:	Fax:	Fax:
	E-Mail:		E-Mail:

CITY USE ONLY			
	Permit Type:	Case #:	Deposit:
	Coastal Permit: ☐ Admin	ACP ___ - _____	$2,323
	☐ Regular	CP ___ - _____	$5,807
	☐ Conditional Use Permit	CUP ___ - _____	$5,807
	☐ Design Review (Admin/Reg)	DRC ___ - _____	$2,323/$5,807
	☐ General Plan Amendment	GPA ___ - _____	$10,646
	☐ Zone Change	ZCA ___ - _____	$10,646
	☐ Sign Permit/Sign Program	ASP ___ - _____	$300/$1,161
	☐ Site Plan Review (Admin/Reg)	SPR ___ - _____	$2,323/$5,807
	☐ Tentative Parcel Map	PM ___ - _____	$3,484
	☐ Tentative Map	TM ___ - _____	$5,807
	☐ Variance	VAR ___ - _____	$5,807
	☐ 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:_____