

# Architectural Design & Site Plan Review Application



**Narrative:** The applicant will submit a formal letter describing the project proposal in length and detail. Applicant is encouraged to cover a broad range of topics including; operation of the project, intended development schedule, metrics of similar projects, profiles of the senior design and development team, and any other topic which will assist staff in developing a narrative for entitlement. Applicant should assume that the letter will be included in submitted materials to the Planning Commission.

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_

Assessor Parcel Number: \_\_\_\_\_ Property Zoning Designation: \_\_\_\_\_

## A. DELIVERABLE STAGES

1. **Application** - Completed application for Architectural Design and Site Plan Review (this form), narrative letter, two (2) signed indemnity agreements, digital copies (pdf) of full sized Site Plans, Colorized Elevations, and Conceptual Landscape Plans.

2. **Fees** - Development type + Surcharges+ Environmental

3. **Planning Commission** – If the Department anticipates a large public attendance, foam boards of the Site Plan, Colorized Elevations, and Conceptual Landscaping Plans may be required.

## B. **FEES (Only one will apply)**

- Change in Use/Remodel (ministerial) \$392.00**
- Change in Use/Remodel (discretionary) \$2,111.00**
- Architectural Review Only \$2,680.00**
- Multi-Family Residential \$6,507.00**
- Commercial Development \$7,403.00**
- Industrial Development \$5,675.00**
- Minor change by Director (substantial conformance) \$1,741.00**

Include the following surcharges to the application fee

Technology Surcharge	6% of Application Fee	\$ _____
Long Range Planning Surcharge	7.5% of Application Fee	\$ _____

Include the following fee once notice is given

Environmental (CEQA)	To be determined by staff after application is received	
<b>Total</b>		<b>\$ _____</b>

Applicant \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Record Owner \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**By signing, the undersigned certifies that he/she has read and understood the submittal requirements outlined, and that he/she understands that omission of any listed item may cause delay in processing the application. I (we), the undersigned, acknowledge that the information supplied in this application is complete and accurate to the best of my (our) knowledge.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Record owner's signature

\_\_\_\_\_  
Applicant's printed name

\_\_\_\_\_  
Record owner's printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date