



PLANNING PERMIT APPLICATION

Planning and Environmental Review
 130 Cremona Drive, Suite B, Goleta, CA 93117
 Phone: (805) 961-7543 Fax: (805) 961-7551

FOR STAFF USE ONLY		
CASE NO:	FIXED FEES:	RECEIPT NO:
RECEIVED BY:	DEPOSIT FEES:	DATE:
<input type="checkbox"/> Land Use Permit	<input type="checkbox"/> Home Occupation Permit	<input type="checkbox"/> Sign Certificate of Conformance
<input type="checkbox"/> Coastal Development Permit (Local)	<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Specific Plan / Specific Plan Amendment
<input type="checkbox"/> Coastal Development Permit (Local) w/ Hearing	<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Substantial Conformity Determination
<input type="checkbox"/> Conditional Use Permit – Major (New/ Revision / Amendment)	<input type="checkbox"/> Lot Merger	<input type="checkbox"/> Tentative Parcel Map
<input type="checkbox"/> Conditional Use Permit – Minor (New / Revision / Amendment)	<input type="checkbox"/> Map Clearance/LLA Clearance	<input type="checkbox"/> Tentative Tract Map
<input type="checkbox"/> Compliance Review	<input type="checkbox"/> Modification	<input type="checkbox"/> Variance
<input type="checkbox"/> Design Review Board	<input type="checkbox"/> Overall Sign Plan	<input type="checkbox"/> Zone Change
<input type="checkbox"/> Development Plan (New / Revision / Amendment)	<input type="checkbox"/> Planner Consultation	<input type="checkbox"/> Zoning Ordinance Amendment
<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Pre-Application	<input type="checkbox"/> Zoning Conformity Letter
<input type="checkbox"/> Government Code Consistency Determination	<input type="checkbox"/> Road Naming/Name Change	<input type="checkbox"/> Miscellaneous:

Applicants: If you have any questions regarding this application or required materials, please call Planning and Environmental Review at (805) 961-7543.

PRIMARY CONTACT INFORMATION (Please print or type)

NAME _____

TELEPHONE _____ EMAIL _____

SITE INFORMATION

PROPERTY ADDRESS _____

YEAR BUILT _____

ASSESSOR'S PARCEL NUMBER (S) (Primary APN): _____

(Secondary APN): _____

(Tertiary APN): _____

LEGAL DESCRIPTION OF PROPERTY (Attach additional sheets if necessary)

LOT/PARCEL _____ TRACT _____

PARCEL SIZE (Acres or Square Feet) _____

COVENANTS, CONDITIONS & RESTRICTIONS

Is your property subject to recorded covenants, conditions and restrictions (CC&Rs)? No Yes

- If yes, provide a copy of the C C & Rs.

Do the CC & Rs provide for a Homeowner's Association (HOA)? No Yes

Does your proposal require approval by the HOA? No Yes

- If yes, provide documentation of approval.

PROJECT INFORMATION (Be specific; Use additional sheets if necessary):

GENERAL PLAN LAND USE DESIGNATION: EXISTING _____ PROPOSED _____

ZONE DESIGNATION: EXISTING _____ PROPOSED _____

EXISTING LAND USE & STRUCTURES (Description of existing development, type of facility/company, number/description of rooms, Floor Area¹, number of single family residential units, etc.):

PROPOSED USE(S) & IMPROVEMENT/STRUCTURE (Describe proposed use/specific changes including floor area, unenclosed porches, balconies, & decks¹): _____

¹ Floor Area is defined as the total area of all floors of a building as measured from the outside of exterior walls including corridors, stairways, elevator shafts, and attached garages. Floor Area does not include attics, unenclosed porches, balconies, and decks (these calculations should be shown separately).

PROPERTY OWNER'S CERTIFICATION

An application may be filed only by all of the owner(s) of the property or by a person authorized by the property owner(s).

I/We, _____, hereby certify, under penalty of perjury, that I am the property owner(s) or am authorized by the property owner(s) to submit this application. I/we further certify that this application has been prepared in compliance with the requirements of the Goleta Municipal Code and zoning regulations, that the materials are being submitted as a formal application for the requests noted on this application and that the statements and information above referred to are, to the best of my/our knowledge and belief, in all respects true and correct.

If a deposit is submitted, a Financially Responsible Party (FRP) must be designated and sign the Agreement to Pay. The FRP is responsible for all billings and will receive all refunds.			
PROPERTY OWNER INFORMATION (Required)			<input type="checkbox"/> Financially Responsible Party
PROPERTY OWNER NAME		CONTACT PERSON <input type="checkbox"/> Check if same	
MAILING ADDRESS		PHONE	
CITY	STATE	ZIP	EMAIL
NAME	SIGNATURE (must be provided)		DATE
<input type="checkbox"/> AGENT <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER (Must Check one)			<input type="checkbox"/> Financially Responsible Party
COMPANY NAME		CONTACT PERSON	
MAILING ADDRESS		PHONE	
CITY	STATE	ZIP	EMAIL
NAME	SIGNATURE		DATE
OTHER INTERESTED PARTY			<input type="checkbox"/> Financially Responsible Party
DESCRIPTION OF INTERESTED PARTY			
COMPANY NAME		CONTACT PERSON	
MAILING ADDRESS		PHONE	
CITY	STATE	ZIP	EMAIL
NAME	SIGNATURE		DATE
ALTERNATE BILLING ADDRESS (if needed for FRP)			
MAILING ADDRESS		ATTENTION NAME (Care of FRP)	
CITY	STATE	ZIP	AP Email

AGREEMENT TO PAY

As an authorized representative of the Financially Responsible Party (FRP), I hereby consent, by my signature below, that I understand the following and agree to pay all costs:

The service of processing an application for development of property in the City of Goleta is of primary benefit to the applicant. The cost of processing an application is charged according to the hours spent by staff in reviewing and analyzing the project, including, but not limited to checking plans, writing staff reports, preparing environmental analyses, notifying and responding to the public and attending public hearings. The applicant receiving the benefit from the service shall pay the cost of these services.

Total costs vary according to the size of the project and the complexity of the issues involved. The Hourly Rates for staff time and Administrative Surcharges will be charged in accordance with the most recent City of Goleta User Fee Schedule and City Policy. Current rates are as follows:

City of Goleta Staff Rates	
\$155.00/hour – Planning & Environmental Review	\$128.00/hour – Assistant City Attorney
\$135.00/hour – Public Works	Fully Burdened Rate - all other departments
Vendor Rates	
Project specific expenditures such as contract legal services, contract planners, biologist, archeologists, etc. will be billed at cost. In addition, a 15% administrative surcharge will be applied on top of all invoices.	
City Administrative Supplies	
City administrative supplies and other costs, such as postage for mailing, public notices, advertising, etc. will be billed "at cost" and are therefore excluded from the hourly staff rates and the administrative surcharge	

A Detail Listing Financial Report may be provided upon request and further explained by the case manager.

The initial deposit creates an account that allow processing time and other expenses to be charged. Case processing charges will automatically be drawn against the deposit funds. If the deposit falls below \$500.00 at any time, an invoice will be mailed to the **Financially Responsible Party** requesting supplemental funds at least equal to the initial deposit. If necessary, the initial deposit in addition to a negative balance will be invoiced. The case manager may also request enough funds for a contract to pay a vendor. **All development activities will be suspended until payment is received and account is positive.**

Except in extenuating circumstances, all case processing will be suspended on any cases with a negative balance and will not be resumed until payment to bring the balance positive has been received. This may delay bringing cases in front of Design Review Board, Planning Commission, and City Council. If the applicant has multiple developer deposits with the City, the City may, at its discretion, transfer funds between accounts to bring balances to acceptable levels and will provide notice to developer.

After the conclusion of case processing, and after full payment of all invoices is received, any remaining deposit amounts will be refunded to the **Financially Responsible Party** within 60 days.

FINANCIALLY RESPONSIBLE PARTY (as selected from above)		
Print Name	Signature	Date

FOR P.E.R. STAFF USE ONLY	
CASE DESCRIPTION:	CASE MANAGER:
RELATED CASES (Same FRP) : 801 - _____	STAFF TIME APPLICABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Check here if no related FRP cases	SUPERVISOR INITIALS:
	ACCT# ISSUED 801-