SUBMITTAL CHECKLIST FOR Emergency Permit (EMP)

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

All plans and reports submitted should be prepared by qualified, licensed professionals in their respective fields as time may permit.

An application for an Emergency Permit must be submitted during regular business hours to the Director in person, if time allows, or by facsimile, electronic mail, or telephone if time does not allow.

Items REQUIRED of ALL Applications, to be submitted at the time of the emergency or within three days after the emergency:

1. One (1) copy of the Planning Permit Application with all required signatures, including the agreement to pay portion(s) and the on-site posting requirements.
2. One (1) copy of an Emergency/Project Description (see page 2 of this checklist)
3. One (1) copy of any large-format exhibits reduced to 11” x 17”.
4. One (1) electronic copy of all submittal materials (plans and all submitted reports) provided on a CD-ROM, flash drive, or emailed PDF.
5. Written Justification Statement from applicant detailing how proposal meets the findings of Section 17.64.030 (D) of the Goleta Municipal Code.
6. Applicable fees.
7. Applicable fees for Fire Department review (make separate check payable to Santa Barbara County Fire Department).

Note: Plans (if submitted) must be individually folded by the applicant. Additional information or special studies may be required with your application. The need for additional information will be determined by the Director or your case planner after review of your request. Additional copies of some documents may be requested during processing.
**EMERGENCY PERMIT PROJECT DESCRIPTION:**
The following information is to be provided in accordance with Section 17.64.030 of the Goleta Municipal Code (if additional space is needed please attach additional pages):

a) Existing use(s) of the property/properties: ________________________________

b) Nature of the emergency: ________________________________

 __________________________________________

c) Cause of the emergency insofar as it can be established: ____________________

 __________________________________________

 __________________________________________

d) Location of the emergency, including address(es) and APN(s):

 __________________________________________

 __________________________________________

 __________________________________________

e) The remedial, protective, or preventive work required to deal with the emergency (including but not limited to hours of operation, number of employees, etc.):

 __________________________________________

 __________________________________________

 __________________________________________

f) The circumstances during the emergency that justify the action proposed to be taken, including the probable consequences of failing to take action:

 __________________________________________

 __________________________________________

 __________________________________________

g) The identities of other public agencies alerted to the emergency:

 __________________________________________

 __________________________________________

 __________________________________________
h) The access routes to the emergency site(s):
________________________________________________________
________________________________________________________

i) The identities of, and means of contact with, the individual(s) directing the emergency action:
________________________________________________________
________________________________________________________

j) Disclosure of whether or not the applicant has made any prior or concurrent request to the California Coastal Commission for an emergency waiver of permit requirements pursuant to Public Resources Code, Section 30611:
________________________________________________________
________________________________________________________

k) Any other information about which the Planning Director should be made aware when evaluating the application:
________________________________________________________
________________________________________________________