

PLANNING APPLICATION

Community Development Department, Planning Division
 1666 North Main Street
 Walnut Creek, CA 94596
 (925) 256-3558 information (925) 256-3500 fax
www.walnut-creek.org website

| | | |
|---|--|------------|
| Staff | <i>For Staff Use Only (Date Stamp)</i> | DRC |
| Work Order #: _____ Parcel Map #: _____ Total Deposit Fee: \$ _____ Receipt #: _____ Received By: _____ | | |

APPLICANT: PLEASE PRINT CLEARLY AND FILL IN ALL APPLICABLE SECTIONS

TYPE OF APPLICATION (Mark all that apply):

| | | | |
|---|---|--|--|
| <input type="checkbox"/> MAJOR SUBDIVISION | <input type="checkbox"/> CONDO CONVERSION | <input type="checkbox"/> GENERAL PLAN AMENDMENT | <input type="checkbox"/> TREE REMOVAL PERMIT |
| <input type="checkbox"/> MINOR SUBDIVISION | SUB #: _____ | <input type="checkbox"/> ZONING AMENDMENT (REZONING) | <input type="checkbox"/> HOME OCCUPATION AT ZONING ADMINISTRATOR |
| DESIGN REVIEW | | <input type="checkbox"/> CONDITIONAL USE PERMIT | <input type="checkbox"/> DRIP LINE ENCROACHMENT |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> MINOR USE PERMIT | <input type="checkbox"/> HILLSIDE PERFORMANCE STANDARDS |
| <input type="checkbox"/> SIGN DESIGN REVIEW | <input type="checkbox"/> ANTENNAS | <input type="checkbox"/> ADMINISTRATIVE USE PERMIT | <input type="checkbox"/> OTHER: _____ |
| | | <input type="checkbox"/> VARIANCE | |

PROJECT NAME: _____

PROJECT SITE ADDRESS: _____ **APN:** _____

PROJECT DESCRIPTION: _____

CURRENT ZONING: _____ **CURRENT GENERAL PLAN DESIGNATION:** _____

TOTAL LOT SIZE: _____ **SQUARE FEET** _____ **ACRES** _____ REMODEL NEW CONSTRUCTION

Is the project located on a site which is included on any of the lists specified in Government Code §65962.3 relating to hazardous waste? Please refer to www.calepa.ca.gov/sitecleanup/corteselist/sectionA.htm to determine your site's status. Yes No

APPLICANT CONTACT INFORMATION:

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

CELL #: _____ EMAIL: _____

OWNER ARCHITECT

ENGINEER OTHER:

BILLING ADDRESS, IF DIFFERENT FROM APPLICANT:

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

CELL #: _____ EMAIL: _____

OWNER ARCHITECT

ENGINEER OTHER:

PROPERTY OWNER OR AGENT AUTHORIZATION:

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY, STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

EMAIL: _____

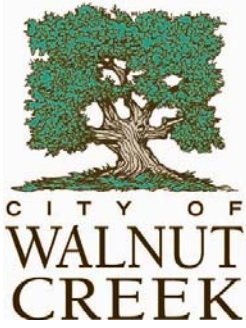
CHOOSE ONE:

I am the property owner and hereby authorize the filing of this application.

I am the applicant and am authorized by the owner to file this application.

SIGNATURE: _____

DATE: _____



STATEMENT OF UNDERSTANDING

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For Staff Use Only

Work Order #: _____
Project Address: _____

READ AND SIGN BY PERSON RESPONSIBLE FOR PAYMENT

I understand that charges for staff time spent processing this application will be based on the Council-approved fee schedule, which is currently an **hourly rate of \$185.**

Further, I understand that my initial deposit is a retainer and not a fee. This deposit will set up an account which shall be charged at the above hourly rate for all staff processing time. Further, I understand that should the final costs be more than the deposit, I will be billed monthly for the additional charges. If the final costs are less, the unused portion of the deposit will be returned to me at the conclusion of the process or final inspection of the completed project, whichever occurs later (the necessary staff time will vary according to the complexity of the application and the project.) Also, I understand that staff processing time may include, but is not limited to:

- I. Initial review and ongoing project processing by Planning, Engineering and Transportation Divisions and the City Attorneys' Office including, but not limited to:
 - A. Reviewing plans / submittal packages
 - B. Routing plans to and communicating with inter-office departments and outside agencies
 - C. Researching documents relative to site history
 - D. Site visits
 - E. Consulting with applicant and/or other interested parties either in person or by phone
 - F. Preparing environmental documents
 - G. Drafting of staff reports and resolutions
 - H. Preparing pertinent maps, graphs and exhibits
 - I. Attending meetings / public hearings before the Zoning Administrator / Commissions / Council
- II. Plan checking subdivision, parcel and final maps and subdivision improvement plans by Engineering and Planning Divisions subsequent to receiving discretionary approvals;
- III. Plan checking building permits by Planning, Engineering and Transportation Divisions and plan checking Site Development permits by Planning and Transportation Divisions, subsequent to receiving all discretionary approvals;
- IV. Final, on-site inspections of the project by Planning, Engineering and Transportation Divisions;
- V. Enforcement by Planning and Engineering Divisions of any conditions of approval imposed by the City.

I also understand that receipt of all discretionary approvals does not constitute an entitlement to begin work. Non-discretionary approvals may be required from the Building and Engineering Divisions, Consolidated Fire District, Central Sanitary District, County Health Department, Water Districts and other agencies. Refer to the City Fee Schedule for other fees to be assessed prior to the issuance of project permits. These fees may include, but are not limited to:

- 1. Building Permit fees
- 2. Site Development Permit fees which may include street frontage improvements and undergrounding of utilities
- 3. Traffic Impact fees
- 4. Drainage fees
- 5. Parkland Dedication fees
- 6. Fire District, Flood Control District, Sanitary District, Water District, etc. fees
- 7. Filing and microfilming fees
- 8. Base Map Fee

I assume full responsibility for all costs (as listed above in I. – V.), incurred by the City in processing this application. I understand and agree that if payment for these costs is not received by the City within 60 days of the billing date, processing will be terminated until all past due amounts have been fully paid.

DATE: _____

SIGNATURE: _____

PRINT NAME: _____

A copy will be provided to you.