



**PROJECT APPLICATION FORM
CITY OF BUELLTON
PLANNING DEPARTMENT**

PROJECT LOCATION _____
(Address)

SITE ZONING _____ SITE ASSESSOR'S PARCEL NO. _____

PROJECT DESCRIPTION _____

(Attach additional sheets if necessary)

PERMITS AND APPROVAL REQUESTED

CASE NUMBER: _____

- _____ ANNEXATION
- _____ GENERAL PLAN AMENDMENT/REZONING
- _____ SPECIFIC PLAN
- _____ ZONING ORDINANCE TEXT AMENDMENT
- _____ FINAL DEVELOPMENT PLAN
- _____ PRELIMINARY DEVELOPMENT PLAN
- _____ DEVELOPMENT PLAN MODIFICATION
- _____ CONDITIONAL USE PERMIT
- _____ MINOR USE PERMIT
- _____ USE PERMIT MODIFICATION
- _____ LOT LINE ADJUSTMENT
- _____ SECONDARY DWELLING UNIT

- _____ VARIANCE
- _____ SUBDIVISION (TENTATIVE TRACT MAP)
- _____ SUBDIVISION (TENTATIVE PARCEL MAP)
- _____ CONDOMINIUM CONVERSION
- _____ ZONING CLEARANCE
- _____ CONCEPTUAL REVIEW
- _____ LAND USE EXEMPTION
- _____ SIGN APPROVAL
- _____ TEMPORARY USE PERMIT/SPECIAL EVENTS
- _____ APPEAL
- _____ OTHER
- _____ HOME OCCUPATION

The City charges 100% of its costs of processing to the applicant. Prior to receiving any permits, applicant shall reimburse City for all processing costs. The City will review the application for completeness and will notify the applicant within 30 days of submittal of a complete or incomplete application.

AUTHORIZATION: I, _____, HEREBY AUTHORIZE _____
TO ACT AS MY AGENT AND TO BIND ME IN ALL MATTERS CONCERNING THIS APPLICATION.

PROPERTY OWNER CONTACT INFORMATION

Name _____ (Please Print)

Phone _____

Address _____

E-Mail _____

Property Owner Signature (Required) _____ Date _____

I DECLARE THAT I AM THE APPLICANT, OWNER, LESSEE, OR ATTORNEY OF THE OWNER, AGENT, OR PERSON WITH THE POWER OF ATTORNEY FROM THE OWNER OF THE ABOVE PROPERTY INVOLVED IN THIS APPLICATION, AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE.

THIS DECLARATION IS ALSO INTENDED TO APPLY TO ALL TRANSACTIONS WITH THE SANTA BARBARA COUNTY PLANNING AND DEVELOPMENT DEPARTMENT RELATED TO BUILDING PERMIT ISSUANCE.

AGENT CONTACT INFORMATION

Name _____ (Please Print)

Phone _____

Address _____

E-Mail _____

Applicant Signature _____ Date _____

Please see important information regarding Disability Access Laws on the back of this form.

OFFICIAL USE ONLY

Application Fee/ Deposit Received: _____

Payment Processing Agreement Recd: _____

C&D Application Received: _____

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx.

The Department of Rehabilitation at www.rehab.cahwnet.gov.

The California Commission on Disability Access at www.cdda.ca.gov.