



City of Buellton Planning Department Project Application Form

PROJECT LOCATION _____
(Address)

SITE ZONING _____ SITE ASSESSOR'S PARCEL NO. _____

PROJECT DESCRIPTION _____

Describe the project in detail. Indicate any proposed activities, type of goods or services to be offered, number of employees anticipated, hours and days of operation, and any other details of the proposed use that may be relevant to a good general description of the proposed land use; attach additional sheets if needed.

PERMITS AND APPROVAL REQUESTED

CASE NUMBER: _____

- LAND USE EXEMPTION (LUE)
- HOME OCCUPATION (HO)
- ZONING CLEARANCE (ZC)
- ZC - BUSINESS (NEW/CHANGE)
- ZC - ACCESSORY DWELLING UNIT (ADU)
- TEMPORARY USE PERMIT (TUP)
- MINOR USE PERMIT (MUP)
- CONDITIONAL USE PERMIT (CUP)
- USE PERMIT MODIFICATION
- CONCEPTUAL REVIEW
- PRELIMINARY DEVELOPMENT PLAN (PDP)
- FINAL DEVELOPMENT PLAN (FDP)
- DEVELOPMENT AGREEMENT
- DEVELOPMENT PLAN MODIFICATION (DPM)

- VARIANCE
- LOT LINE ADJUSTMENT (LLA)
- SUBDIVISION/TENTATIVE PARCEL MAP (TPM)
- SIGN APPROVAL
- SUBDIVISION/TENTATIVE TRACT MAP (TTM)
- CONDOMINIUM CONVERSION
- GENERAL PLAN AMENDMENT (GPA)
- SPECIFIC PLAN (SP)
- ANNEXATION
- ZONING ORDINANCE AMENDMENT (ZOA)
- TIME EXTENSION (TE)
- APPEAL
- OTHER: _____

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.

INFORMATION TO BE SUBMITTED WITH THIS APPLICATION

- Application Fee/Deposit*
- Items listed in the applicable checklist (available from the Planning Department)*
- Any other information that will help to explain your proposal or better clarify your particular situation*

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.

PROPERTY OWNER CONTACT INFORMATION

Name _____

Phone _____

Address _____

E-Mail _____

Property Owner Signature (Required)

Date

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

Authorization Signature: A copy of the Contract, Lease Agreement or other similar document may be accepted in lieu of property owner signature if the agreement authorizes the applicant to proceed with the proposed project.

Proof of Ownership: If the project is owned by LLC, corporation, partnership, or trust, an ownership disclosure is required. The disclosure must list the name and addresses of the principal owners (25% or greater) and attach a copy of the current corporate articles partnership agreement, or trust document as applicable.

AGENT CONTACT INFORMATION

Name _____

Phone _____

Address _____

E-Mail _____

Applicant Signature

Date

Please see below information regarding Disability Access Laws.

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.

OFFICIAL USE ONLY

Application Fee/Deposit Rec'd: _____

Payment Processing Agreement Rec'd: _____

Acct. #: _____

C&D Application Received: _____

FOG/Industrial Discharge Rec'd: _____

Date Deemed Complete: _____

Fire Dept. Review: _____