



County of San Diego, Planning & Development Services
DISCRETIONARY PERMIT APPLICATION
ZONING DIVISION

RECORD ID(S): _____

	Planning	LD Review Teams	DEH	Trails Review	Other
Fees	_____ +	_____ +	_____ +	_____ +	_____
Deposits	_____ +	_____ +	_____ +	_____ +	_____

TOTAL FEES AND INITIAL DEPOSIT: \$ _____

The submitted Initial Deposit is estimated to cover **only** the initial project review (Scoping). Additional monies will be required. A project-specific cost estimate will be provided at the conclusion of Scoping, along with a letter detailing any project issues, revisions, and studies as deemed necessary for compliance with State and County codes and ordinances.

Have you had a pre-application conference? **YES** **NO** If yes, Planner's Name _____

Is this project the subject of a code violation? **YES** **NO** If yes, provide a copy of the Warning/Citation/Violation Notice.

Are there any related, open applications such as DEH permits, Grading permits, etc? **YES** **NO**

If yes, list permits: _____

Is there an existing trust account on any of the open records related to this proposed project? **YES** **NO**

Are there any prior related cases such as a specific plan? If yes, list Case Number(s) _____

The Financially Responsible Party is responsible for all costs related to this application. See form PDS-126 and choose one.

The Financially Responsible Party is the: Owner Applicant Engineer Other

Assessor's Parcel No (APN) _____

Owner's Name _____ Owner's Phone _____

Owner's Address _____
Number Street City State Zip

Owner's email _____ Owner's Fax _____

Applicant's Name _____ Applicant's Phone _____
(if different from owner)

Applicant's Address _____
Number Street City State Zip

Applicant's email _____ Applicant's Fax _____

Engineer's Name _____ Engineer's Phone _____

Engineer's Address _____
Number Street City State Zip

Engineer's email _____ Engineer's Fax _____

Project Contact Person _____ Phone _____

Address _____
Number Street City State Zip

Project Contact's email _____ Project Contact's Fax _____

Project Name _____

Project Address & Nearest Cross Street _____

I declare under penalty of perjury under the laws of the State of California that the statements made as part of this application are true and correct. I hereby agree to provide the indemnification as required by Chapter 2 of Division 6 of Title 8 of the San Diego County Code.

NOTE: If Agent signs below, attach Letter of Authorization.

Signature of Owner or Authorized Agent

Print Signator's Name *Date*



FOR DEPARTMENT USE ONLY

Existing Proposed

General Plan Designation _____ _____

Regional Category _____ _____

<p>For Administrative Permits and Use Permits</p> <p>Describe use:</p> <p>_____</p> <p>_____</p>

ZONE		
USE REGULATIONS		
ANIMAL REGULATIONS		
DEVELOPMENT REGULATIONS	Density	
	Lot Size	
	Building Type	
	Maximum Floor Area	
	Floor Area Ratio	
	Height	
	Lot Coverage	
	Setback	
Open Space		
SPECIAL AREA REGULATIONS		

Thomas Guide (Page/Grid) _____

Tax Rate Area _____

Total Acres _____ No. of lots _____

Planning Group _____

Community Plan _____

Supervisor District _____

Within: Rural Village Boundaries? YES NO Village Boundaries? YES NO Special Study Area? YES NO

Project is within a Specific Plan? YES NO If yes, name of Specific Plan _____

Related Records/Permits? YES NO If yes, list _____

Project is subject to the County Groundwater Ordinance? YES NO FP-2 YES NO

Project is within 1/2 mile of a Regional Park? YES NO

Project is within 1 mile of a Highway? YES NO

Project is within 1 mile of a City? YES NO If yes, name of City _____

Project is proposed for Septic? YES NO

Project is proposed for Sewer? YES NO

Project is a Violation Case? YES NO

Military Installation Notice is required? YES NO

Project is within 150' of the International Border? YES NO

If yes, notify the Department of Homeland Security. See Board of Supervisor's Policy I-111.

If the subject parcel was created through a PM or B/C, have you verified that all Covenants of Improvement have been satisfied? YES NO **IF NO, DO NOT ACCEPT THE APPLICATION.**

Is there a different owner of mineral rights than the owner of real property? YES NO

If yes, identify name and address: _____

FOR PLANNER ASSIGNMENT - PLEASE CALL (858) 694-3292

Technician Initials: _____ Date: _____ Technician's comments: _____