

**City of Solvang
APPLICATION FOR PROJECT REVIEW**

Planning Received

Land Use Clearance

Building Received

SITE ADDRESS: _____ APN: _____

ZONING: _____ Parcel Size: _____ (Gross) _____ (Net) HIGH FIRE: ___ (Yes) ___ (No)

TYPE OF WORK: *(Check all that apply)* ___ **RESIDENT'L** ___ **COMMERC'L** ___ **HOTEL/MOTEL**

- | | | |
|---|--|---|
| <input type="checkbox"/> 2 nd Unit | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Tenant Improvement |
| <input type="checkbox"/> Addition | <input type="checkbox"/> NEW Structure | <input type="checkbox"/> Tentative Sub. Map |
| <input type="checkbox"/> Amend. Conditions | <input type="checkbox"/> Commercial | ___ Vesting |
| <input type="checkbox"/> Change of Use | <input type="checkbox"/> Residential | <input type="checkbox"/> Tentative Parcel Map |
| <input type="checkbox"/> Conditional Use | <input type="checkbox"/> Paint Approval | <input type="checkbox"/> Time Extension |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Patio/Trellis | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Development Plan | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Retaining Wall | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Exterior Alteration | <input type="checkbox"/> Re-Roof | |
| <input type="checkbox"/> Final Map | <input type="checkbox"/> Re-Zone | |
| <input type="checkbox"/> General Plan Amend. | <input type="checkbox"/> Road Naming | |
| <input type="checkbox"/> Grading | <input type="checkbox"/> Shed/Accessory Bldg | |
| <input type="checkbox"/> Interior Remodel | <input type="checkbox"/> Signage | |
| <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Swimming Pool | |

PROJECT DESCRIPTION SUMMARY: *(Description must include all work under this permit. Be very descriptive and include all aspects of project. Attach additional pages if necessary.)*

Proposed Work Area (Square Feet): _____ **Estimated Work Value: \$** _____ **(A)**
Commercial Only: Accessibility Upgrades (20% of A = B) \$ _____ **(B)**

PLEASE CIRCLE PRIMARY CONTACT

Property Owner(s) of Record: _____ **Phone:** _____

Fax: _____ **Mailing Address:** _____

Email: _____ **Cell Phone:** _____

Authorized Agent: _____ Phone: _____

Fax: _____ Mailing Address: _____

Email: _____ Cell Phone: _____

Architect: _____ Phone: _____

Fax: _____ Mailing Address: _____

State License No. _____ Email: _____

Engineer/Surveyor: _____ Phone: _____

Fax: _____ Mailing Address: _____

State License No. _____ Email: _____

Contractor: _____ Phone: _____

Fax: _____ Mailing Address: _____

State License No. _____ Email: _____

Existing Use: ___SFD/2nd Unit ___Multi-Family ___Commercial ___Office ___Industrial ___Vacant

Proposed Use: ___SFD/2nd Unit ___Multi-Family ___Commercial ___Office ___Industrial ___Vacant

Existing: No. of Buildings _____ Gross Floor Area _____ # of Res. Units _____

Proposed: No. of Buildings _____ Gross Floor Area _____ # of Res. Units _____

Grading (cu. yd.): Cut _____ Fill _____ Import _____ Export _____ Total _____

Max % Slope: _____ **Tree Removal:** ___No ___ Yes ___ Number _____ Type _____

Proximity to Creeks/Streams: _____ feet **Proximity to Water Well:** _____ feet

Fire Sprinklers: _____ Yes _____ No

Principal Type of Frame:

- Masonry (wall bearing)
- Wood Frame
- Structural Steel
- Reinforced Concrete
- Manufactured
- Other _____

Principal Type of Heating

Fuel:

- Gas
- Oil
- Electricity
- Other _____

Residential Buildings Only:

Number of Bedrooms: _____
Number of Bathrooms: _____
Full _____
Partial _____

Supplemental Questions to all Development Permit Applications

A. In the known history of this property, has there been any use, storage or discharge of hazardous materials? Examples of hazardous and/or toxic materials include, but are not limited to, PCB's, radioactive substances, pesticides, herbicides, fuel, oil, solvents and other flammable liquids. Also, please note underground storage of any of the above, please. If yes, list the materials and describe their use, storage and/or discharge on the property. Please note the dates of use on the property, if known.

B. Will the proposed project involve the use, storage or discharge of hazardous materials, including but not limited to, those examples in the above questions? If yes, provide an inventory of all such materials to be used and proposed method of disposal. The location of such uses, along with storage and shipment areas, shall be shown and labeled on the application plans.

PRIOR PERMIT COMPLIANCE:

List any and all previous Tentative Maps, Major/Minor Conditional Use Permits, Major/Minor Variances, Development Plan or Board of Architectural Review permits issued to the applicant and currently being used within the City of Solvang's jurisdiction. Note the date and type of permit issued. Explain whether the permit is currently valid and whether the applicant is in full compliance with said permits. Be thorough. The application shall be deemed incomplete unless the applicant is in full compliance with all conditions of such permits. No further processing of the new application shall occur until the City has adequate proof of full compliance. An appeal process is provided in Municipal Code Section 14.10.050(c). Use additional sheets, if necessary.

SIGNATURES:

Property Owner: _____ Signature: _____
(Print Name)

Applicant/Auth. Agent: _____ Signature: _____
(Print Name)

DATE: _____