



COUNTY OF SANTA BARBARA

Planning and Development

www.sbcountyplanning.org

GOVERNMENT CODE CONSISTENCY

GOVERNMENT CODE CONSISTENCY(GOV) (§65402 Determination)- For any County with an adopted General Plan, the acquiring and disposal of property, the abandonment of streets, and the construction of building and structures requires a Planning and Development report on the conformity of the action with applicable sections of the adopted General Plan.

THIS PACKAGE CONTAINS _____

- ✓ APPLICATION
- ✓ ANY ENVIRONMENTAL ANALYSIS WHICH HAS BEEN COMPLETED
- ✓ A DETAILED PROJECT DESCRIPTION
- ✓ CHECK PAYABLE TO PLANNING & DEVELOPMENT

AND, IF ✓'D, ALSO CONTAINS _____

- AGREEMENT TO PAY PROCESSING FEES**

[Click to download Agreement to Pay form](#)

- SITE PLAN FOR PROPOSED DEVELOPMENT**

[Click to download Site Plan/Topographic Map Requirements form](#)

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| South County Office 123 E. Anapamu Street Santa Barbara, CA 93101 Phone: (805) 568-2000 Fax: (805) 568-2030 | North County Office 624 W. Foster Road, Suite C Santa Maria, CA 93455 Phone: (805) 934-6250 Fax: (805) 934-6258 |
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**PLANNING & DEVELOPMENT
PERMIT APPLICATION**

SITE ADDRESS: _____
 ASSESSOR PARCEL NUMBER: _____
 PARCEL SIZE (acres/sq.ft.): Gross _____ Net _____
 ZONING: _____
 COMPREHENSIVE/COASTAL PLAN DESIGNATION: _____
 Are there previous permits/applications? no yes numbers: _____
 (include permit# & lot # if tract)
 Did you have a pre-application? no yes if yes, who was the planner? _____
 Are there previous environmental (CEQA) documents? no yes numbers: _____
 Project description summary: _____

1. Financially Responsible Person _____ Phone: _____ FAX: _____
 (For this project)
 Mailing Address: _____
 Street City State Zip

2. Owner: _____ Phone: _____ FAX: _____
 Mailing Address: _____ E-mail: _____
 Street City State Zip

3. Agent: _____ Phone: _____ FAX: _____
 Mailing Address: _____ E-mail: _____
 Street City State Zip

4. Arch./Designer: _____ Phone: _____ FAX: _____
 Mailing Address: _____ State/Reg Lic# _____
 Street City State Zip

5. Engineer/Surveyor: _____ Phone: _____ FAX: _____
 Mailing Address: _____ State/Reg Lic# _____
 Street City State Zip

6. Contractor: _____ Phone: _____ FAX: _____
 Mailing Address: _____ State/Reg Lic# _____
 Street City State Zip

I hereby certify to the best of my knowledge, the information contained in this application and all attached materials are correct, true and complete.

 Signature Print name/date

COUNTY USE ONLY

Case Number: _____ Companion Case Number: _____
 Supervisorial District: _____ Submittal Date: _____
 Applicable Zoning Ordinance: _____ Receipt Number: _____
 Project Planner: _____ Accepted for Processing _____
 Zoning Designation: _____ Comp. Plan Designation _____