



COUNTY OF SANTA BARBARA

Planning and Development

www.sbcountyplanning.org

Modification

MODIFICATION (MOD) - To permit a modification of the zone regulations (setbacks, height, parking, FARs) where, due to practical difficulties, integrity of design, topography, tree or habitat protection or other similar site conditions, minor adjustments to such requirements would result in better site or architectural design and/or resource protection. The Zoning Administrator cannot approve a Modification unless the following findings can be made.

1. The project is consistent with the Comprehensive Plan (and Coastal Act in if site is in Coastal Zone).
2. The project complies with the intent and purpose of the applicable Zone including Overlays, this Section and this Article.
3. The Modification is minor in nature and will result in a better site or architectural design, as approved by the Board of Architectural Review, and/or will result in greater resource protection than the project without such Modification.
4. The project is compatible with the neighborhood, and does not create an adverse impact to community character, aesthetics or public views.
5. Any Modification of parking or loading zone requirements will not adversely affect the demand for on-street parking in the immediate area.
6. The project is not detrimental to existing physical access, light, solar exposure, ambient noise levels or ventilation on or off site.
7. Any adverse environmental impacts are mitigated to a level of insignificance.

THIS PACKAGE CONTAINS

- ✓ SUBMITTAL REQUIREMENTS
- ✓ APPLICATION
- ✓ INDEMNIFICATION AGREEMENT

AND, IF ✓'D, ALSO CONTAINS

- AGREEMENT FOR PAYMENT OF PROCESSING FEES

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

- PLAN AND MAP REQUIREMENTS

[Click to download Site Plan and Topographical Map Requirements](#)

- AGRICULTURAL ACTIVITIES SUPPLEMENT

[Click to download Agricultural Activities Supplement form](#)

- MISSION CANYON SUPPLEMENT

[Click to download Mission Canyon Supplement form](#)

- FIRE DEPARTMENT VEGETATION PLAN INFORMATION

[For additional information regarding Fire Department Requirements click here](#)

- STORMWATER CONTROL PLAN

[For project applicability and SCP submittal requirements, click here](#)

<p>South County Office 123 E. Anapamu Street Santa Barbara, CA 93101 Phone: (805) 568-2000 Fax: (805) 568-2030</p>	<p>North County Office 624 W. Foster Road, Suite C Santa Maria, CA 93455 Phone: (805) 934-6250 Fax: (805) 934-6258</p>
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SUBMITTAL REQUIREMENTS

Military Land Use Compatibility Planning Requirements

Is the site located in an area with any military uses/issues? Yes No

Please review the website to determine applicability. <http://cmluca.gis.ca.gov/>. This requirement applies to all General Plan Actions and Amendments, and Development Projects that meet one or more of the following conditions:

- 1) Is located within 1,000 feet of a military installation,
- 2) Is located within special use airspace, or
- 3) Is located beneath a low-level flight path

Copy of report attached? Yes No

Cities Sphere of Influence

Is the site within a city sphere of influence?¹ Yes No

If yes, which city? _____

- ___ 4 Copies of completed application form. (For projects within the Coastal Zone, submit one additional copy).
- ___ 4 Copies of site plan, including topographic lines. For projects within the Coastal Zone, submit one additional copy. **(Folded to 8-1/2" x 11")**
[Click to download Site Plan and Topographical Map Requirements](#)
- ___ 4 Sets of floor plans and building elevations. **Folded to 8-1/2" x 11"**
- ___ 1 Description of the Modification that is requested.
- ___ 1 The Ordinance requires that the Zoning Administrator find that the Modification is minor in nature and will result in a better site or architectural design and/or will result in greater resource protection than the project without such Modification. Please include an explanation verifying this circumstance.
- ___ 1 Stormwater Control Plan for Regulated Projects (See Section V)
- ___ 1 Copy of the site plan reduced to 8 1/2" x 11".
- ___ 1 Copy of an 8 1/2" x 11" vicinity map showing project location with respect to identifiable landmarks, roadways, etc.
- ___ 1 Set of photos taken from three vantage points:
 - close-up
 - mid-field
 - entire project site.

NO BLACK AND WHITE XEROX COPIES

The following is also required:

¹ If additional information is needed regarding location of a City's Sphere of Influence, please contact our zoning information counter.

- mount the photos on heavy 8 1/2" x 11" paper
- orient the viewer by direction ("looking northwest from...")
- note any landmarks

___ 1 Check Payable to Planning & Development

___ 1 Agreement to Pay Form

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

___ 1 Indemnification Agreement

NOTES:

1. Prior to the Zoning Administrator's decision on a proposed Modification, it must receive preliminary review by the Board of Architectural Review.
2. After approval of this discretionary permit a follow-up Land Use or Coastal Development Permit must be obtained.



PLANNING & DEVELOPMENT
PERMIT APPLICATION

SITE ADDRESS: _____

ASSESSOR PARCEL NUMBER: _____

PARCEL SIZE (acres/sq.ft.): Gross _____ Net _____

COMPREHENSIVE/COASTAL PLAN DESIGNATION: _____ ZONING: _____

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: _____

Is this application (potentially) related to cannabis activities? no yes

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

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 _____

III. GRADING: Will there be any grading associated with the project? Y N

(NOTE: For proposed access drives over 12% grade, a clearance letter from the Fire Dept. will be required)

CUT _____ cubic yards AMOUNT TO BE EXPORTED _____ c.y.

FILL _____ c.y. AMOUNT TO BE IMPORTED _____ c.y.

MAXIMUM VERTICAL HEIGHT OF CUT SLOPES _____

MAXIMUM VERTICAL HEIGHT OF FILL SLOPES _____

MAXIMUM HEIGHT OF ANY PROPOSED RETAINING WALL(S) _____

TOTAL AREA DISTURBED BY GRADING (sq. ft. or acres) _____

What is the address of the pick-up/deposit site for any excess cut/fill?

Specify the proposed truck haul route to/from this location.

IV. SITE INFORMATION

A. Is this property under an Agricultural Preserve Contract? Y N

B. Describe any unstable soil areas on the site.

C. Name and describe any year round or seasonal creeks, ponds, drainage courses or other water bodies. How is runoff currently conveyed from the site?

D. Has there ever been flooding on the site? Y N

If yes, state the year and describe the effect on the project site.

E. Describe any proposed drainage and/or flood control measures. How will storm water be conveyed across and from the site? Where will storm water discharge?

F. Will the project require the removal of any trees? Y N
If so, please list them here as requested. Attach additional sheets as necessary.

<u>Type</u>	<u>Diameter (at 4' height)</u>	<u>Height</u>
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Explain why it is necessary to remove these trees.

—

—

G. Describe any noise sources that currently affect the site.

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H. Are there any prehistoric or historic archaeological sites on the property or on neighboring parcels? Y

N Unknown

If yes, describe. _____

I. Describe all third party property interests (such as easements, leases, licenses, rights-of-way, fee ownerships or water sharing agreements) affecting the project site, provision of public utilities to the site or drainage off the site.

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J. Have you incorporated any measures into your project to mitigate or reduce potential environmental impacts? Y N Unknown If so, list them here. (Examples include tree preservation plans, creek restoration plans, and open space easements.)

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V. STORM WATER MANAGEMENT AND APPLICATION OF LOW IMPACT DEVELOPMENT FEATURES

Is the project located in the NPDES Permit Area²? Y N Undetermined

If Yes and 2,500 square feet or more of new or replaced impervious area, the project shall comply with the following:

Tier 1. If the project is 2,500 square feet or more of new or replaced impervious area, submit a *Stormwater Control Plan for Small (Tier 1) Projects*¹ with this application that identifies Low Impact Development measures incorporated into the project design, such as:

- Limit disturbance of natural drainage features
- Limit clearing, grading, and soil compaction
- Minimize impervious surfaces

² See www.sbprojectcleanwater.org under “Development” for map of the NPDES Permit Area, Stormwater Technical Guide, Stormwater Control Plan template, Stormwater Control Plan for Small (Tier 1) Projects, and a definition of Low Impact Development.

- Minimize runoff by dispersing runoff to landscape or using permeable pavements

Tier 2. If the project is 5,000 square feet or more of new or replaced “net impervious” area (not Single Family Dwelling), or if the project is Single Family Dwelling with 15,000 square feet or more of new or replaced “net impervious” area, submit a *Stormwater Control Plan* with this application that identifies 1) Low Impact Development measures incorporated into the project design and 2) stormwater quality treatment measures. [“Net impervious” is defined as the sum of new and replaced impervious surface area minus any reduction in impervious, such as new landscaped area. It is an incentive for redevelopment projects to increase pervious area.]

Tier 3. If the project is 15,000 square feet or more of new or replaced impervious area, submit a *Stormwater Control Plan* with this application that identifies the above requirements and also identifies retention of stormwater runoff from a regulated storm event.

If No, the project is not located in the NPDES Permit Area, but is a Regulated Project, the project shall comply with the following:

Regulated Project:

1. Residential subdivision developments with 10 or more dwelling units;
2. Commercial development of 0.5 acres or greater;
3. Parking lots of 5,000 square feet or more or have 25 or more parking spaces and are potentially exposed to storm water runoff;
4. Automotive repair shops;
5. Retail gasoline outlets;
6. Restaurants, and
7. Any new development or redevelopment where imperviousness exceeds one acre.

Water Quality: Submit a *Stormwater Control Plan* with this application that identifies measures to reduce and remove pollutants from storm water runoff. The *Stormwater Control Plan* will follow the Tier 2 approach described in the Stormwater Technical Guide, with storm water treatment, source control, and LID³ measures.

VI. ACCESS

- A. Describe the existing access road(s) to the site. Include road widths, shoulders, and type of surface material.

- B. Does property front on a public street? Y N
 Is access to be taken from this public street? Y N
 Name of public street: _____

- C. Will the proposed access utilize an easement across neighboring property? Y* N
***Submit documentation which supports the applicant's use of this easement.**

- D. Describe proposed construction equipment access _____
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³ Low Impact Development is a design approach that minimizes or eliminates pollutants in storm water through natural processes and maintains pre-development hydrologic characteristics, such as flow patterns, onsite retention, and recharge rates. For examples and design guidance see <http://www.sbprojectcleanwater.org>.
 Updated by DE 101818

VII.DEVELOPMENT AND USE

A. Existing: Describe the existing structures and/or improvements on the site.

<u>Use</u>	<u>Size (sq ft)</u>	<u>Height</u>	<u># of Dwelling Units</u>
_____	_____	_____	_____
_____	_____	_____	_____

B. Proposed: Describe the proposed structures and/or improvements.

<u>Use</u>	<u>Size (sq ft)</u>	<u>Height</u>	<u># of Dwelling Units</u>
_____	_____	_____	_____
_____	_____	_____	_____

C. Will any structures be demolished or removed? ____ If so, please list them here as requested.

<u>Current Use</u>	Historic Use	Age	<u>Rental Price (if rented)</u>
_____	_____	_____	_____
_____	_____	_____	_____

D. Describe all other existing uses of the property.

E. How will the project affect the existing uses of the property?

F. Describe any other historic use(s) of the property. This may include agricultural (include crop type), commercial, or residential uses.

G. Provide a short description of the land uses surrounding the site.

North _____

South _____

East _____

West _____

H. STATISTICS: Mark each section with either the information requested or "n/a" if not applicable.

	<u>EXISTING</u>	<u>PROPOSED</u>	<u>TOTAL</u>
BUILDING COVERAGE	_____	_____	_____
IMPERMEABLE ROADS/PARKING/ WALKWAYS (sq. ft.)	_____	_____	_____
OPEN SPACE (sq. ft.)	_____	_____	_____
RECREATION (sq. ft.)	_____	_____	_____
LANDSCAPING (sq. ft.)	_____	_____	_____
AGRICULTURAL LANDS (sq. ft.)	_____	_____	_____
POPULATION (#) (employees/residents)	_____	_____	_____
DWELLING, HOTEL/MOTEL UNITS	_____	_____	_____
PARKING (on-site)			
TOTAL # OF SPACES	_____	_____	_____
# OF COVERED SPACES	_____	_____	_____
# OF STANDARD SPACES	_____	_____	_____
SIZE OF COMPACT SPACES	_____	_____	_____

Estimate the cost of development, excluding land costs. _____

VIII. PARCEL VALIDITY

P&D requires applications for development on vacant, unimproved property to provide clear evidence that the property is a separate legal lot. The following documents that show the subject property in its current configuration constitute acceptable evidence of a separate, legal lot: a recorded Parcel or Final Map, a recorded Official Map, a recorded Certificate of Compliance or Conditional Certificate of Compliance, an approved Lot Line Adjustment, a recorded Reversion to Acreage, a recorded Voluntary Merger or an approved Lot Split Plat.

A. Type of evidence provided to demonstrate a separate, legal lot:

Copy of evidence attached: Yes No

Reference number for evidence supplied: _____

IX. PUBLIC/PRIVATE SERVICES

A. WATER:

1. If the property is currently served by a private well, submit the following for each well:

- a. Pumpage records (electrical meter or flow meter readings) for the past 10 years
- b. Pump test data
- c. Location of other wells within 500 feet
- d. Water quality analysis
- e. Drillers report (with construction details)
- f. Copy of applicable well sharing agreement

2. Does the well serve other properties? Y N

If yes, address(es): _____

3. Is a well proposed? Y N If so, will it serve other properties? Y N

If yes, address(es): _____

4. If the property is currently served by a private or public water district, submit the following:

a. Name: _____

5. Will the project require annexation to a public or private water company? Y N

If yes, name: _____

B. SEWAGE DISPOSAL:

1. Existing: Indicate if the property is currently served by the following:

Yes/No

- a. Septic system* _____
- b. Drywell* _____
- c. Public sewer district _____ If yes, name: _____

*Submit engineering details on septic tanks and dry wells, as well as calculations for leach field size, where applicable.

2. Proposed: Indicate what sewage disposal services are proposed as part of this project?

- a. Septic system* _____
- b. Drywell* _____
- c. Public sewer district _____ District Name: _____

*Submit percolation tests and/or drywell performance tests as applicable.

3. Will the project require annexation to any public sewer district? Y N

Name: _____

C. FIRE PROTECTION

1. Fire protection is (will be) provided by the _____ Fire Department.
(Montecito, Summerland, S.B. County)
2. Is there an existing water main infrastructure in the vicinity? Circle one: Yes No
3. How far away is the nearest standard fire hydrant? _____ feet.
4. Is a new fire hydrant proposed? Circle one: Yes No
5. If a new hydrant is proposed, what is the longest driving distance from the proposed hydrant to the proposed building(s)? _____ feet.
6. Will fire protection be provided by an on-site water storage tank? Circle one: Yes No

Tank capacity: _____ gallons

7. What is the driving distance from the water tank to the proposed structure(s)? _____ feet.
8. Is a fire sprinkler system proposed? Yes No Location _____
9. Describe the access for fire trucks. Include width and height clearance for access and surface material.

10. Will hazardous materials be stored or used? Y/N List any hazardous materials which may be used or stored on the site. _____

HAZARDOUS WASTE/MATERIALS

Please read and answer the following questions if, in the known history of the property, there has been any storage (above or underground) or discharge of hazardous materials or if the proposal includes storage, use or discharge of any hazardous material. Hazardous materials include pesticides, herbicides, solvents, oil, fuel, or other flammable liquids. Attach additional sheets if necessary.

Past & Present:

List any hazardous materials which have been or are currently stored/discharged/produced on the property. Describe their use, storage and method of discharge. Provide dates where possible.

If a characterization study has been prepared, please submit it with this application.

Is the project site on the County Site Mitigation list? Y N Unknown

Is the site on the CA Hazardous Waste and Substances Sites list? Y N Unknown

Proposed Project:

List any hazardous materials proposed to be stored/discharged/produced on the property. Describe the proposed use and method of storage and disposal.

If the proposed project involves use, storage or disposal of any hazardous materials, please contact County Fire Department at 686-8170 to determine whether additional submittals are required.

Please include any other information you feel is relevant to this application.

CERTIFICATION OF ACCURACY AND COMPLETENESS: Signatures must be completed for each line. If one or more of the parties are the same, please re-sign the applicable line.

Applicant's signature authorizes County staff to enter the property described above for the purposes of inspection.

I hereby declare under penalty of perjury that the information contained in this application and all attached materials are correct, true and complete. I acknowledge and agree that the County of Santa Barbara is relying on the accuracy of this information and my representations in order to process this application and that any permits issued by the County may be rescinded if it is determined that the information and materials submitted are not true and correct. I further acknowledge that I may be liable for any costs associated with rescission of such permits.

Print name and sign - Applicant/Agent

Date

Print name and sign - Landowner

Date