



# Planning Commission Determination

The DETERMINATION procedure is used to request a determination that a specific use may be permitted in a particular zone district. The Planning Commission must find that the proposed use is similar in character to those enumerated in the specific zone and is not more injurious to the health, safety, or welfare of the neighborhood because of noise, odor, dust, vibration, smoke, traffic congestion, depreciation of property values, danger to life and property, or similar causes.

## THIS PACKAGE CONTAINS

- ✓ SUBMITTAL REQUIREMENTS
- ✓ APPLICATION FORM
- ✓ INDEMNIFICATION AGREEMENT

## AND, IF ✓'D, ALSO CONTAINS

- AGREEMENT FOR PAYMENT OF PROCESSING FEES

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

**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

## 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?<sup>1</sup>  Yes  No

If yes, which city? \_\_\_\_\_

\_\_\_ 1 Copy of Application

\_\_\_ 1 Copy of approved site plan/map

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

\_\_\_ 1 Copy of approved site plan reduced to 8½" x 11" (MOD, TEX)

\_\_\_ 1 Copy of any approved Land Use or Coastal Development Permits

\_\_\_ 1 Agreement to Pay Form

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

\_\_\_ 1 Indemnification Agreement

\_\_\_ 1 Check payable to Planning & Development

Planning and Development does not keep extra copies of plans and maps after project approval. Files are microfiched. You are responsible for submitting copies of your approved plans/maps.

**NOTE:** Additional copies of submittals may be required. Requests of this type vary in complexity. Most will require only one planner's review, but others must be looked at by other departments. If your application falls into the latter category, the application coordinator or your planner will let you know so your request may be expedited.

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



**PLANNING & DEVELOPMENT**  
**PERMIT APPLICATION**

**PROJECT DATA**

SITE ADDRESS: \_\_\_\_\_

ASSESSOR PARCEL NUMBER: \_\_\_\_\_

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

PROJECT NAME: \_\_\_\_\_

TRACT NUMBER: \_\_\_\_\_

DID YOU HAVE A PRE-APPLICATION?  No  Yes If yes, who was the planner? \_\_\_\_\_

PROJECT DESCRIPTION SUMMARY: \_\_\_\_\_

1. **Financially Responsible Person:** \_\_\_\_\_ Phone: \_\_\_\_\_  
(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

7. **Soils Lab:** \_\_\_\_\_ Phone: \_\_\_\_\_ Reg. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State/Reg Lic# \_\_\_\_\_  
Street City State ZIP

**COUNTY USE ONLY**

Case No.: \_\_\_\_\_

Submittal Date: \_\_\_\_\_

Supervisorial District: \_\_\_\_\_

Date Accepted for Processing: \_\_\_\_\_

Applicable Zoning Ord.: \_\_\_\_\_

Companion Case No(s): \_\_\_\_\_

Project Planner: \_\_\_\_\_

Subdivision Committee Hearing Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Description: \_\_\_\_\_

Attach additional sheets if necessary, referencing the section and question number. Please fill in every blank. Use "N/A" where question is not applicable.

**II. PROJECT DESCRIPTION:** Please use the space below or type on a separate sheet and attach to the front of your application a complete description of your request including the permit/decision requested, location, setting, and purpose of the project, reason for time extension, modification, change in plans, etc.

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**III. FORMER PROJECT INFORMATION**

B. List all previous project numbers, the dates of approval and the decision maker.

Project #	Date of Final Approval	Decision Maker
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. If this is a Final Map Clearance Request:

Is a Development Plan (DP/DVP) associated with the map? Y N If so,

List DP/DVP # and date of final approval above. Clearance cannot be issued if DP/DVP is only preliminary.

**IV. FOR SUBSTANTIAL CONFORMITY DETERMINATIONS**

A. List total coverage for all structures currently approved: \_\_\_\_\_ sq. ft.

B. List proposed coverage for all structures \_\_\_\_\_ sq. ft. \_\_\_\_\_ % increase.

C. List total coverage for all development currently approved (includes paved areas. \_\_\_\_ sq. ft.)

D. List coverage for all development \_\_\_\_\_ sq. ft. \_\_\_\_\_% increase.

**V. 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.*

Signature	Print Name	Firm	Date
Print name and sign - Preparer of this form			Date
Print name and sign - Applicant			Date
Print name and sign - Agent			Date
Print name and sign - Landowner			Date