



Type of Planning Permit(s) Requested:

<input type="checkbox"/> AZP Administrative Zoning Permit	<input type="checkbox"/> CUP Conditional Use Permit	<input type="checkbox"/> LLA Lot Line Adjustment	<input type="checkbox"/> MA Minor Amendment
<input type="checkbox"/> MUP Minor Use Permit	<input type="checkbox"/> PRD Planned Residential Development	<input type="checkbox"/> PUD Planned Unit Development	<input type="checkbox"/> SDP Site Development Plan Permit
<input type="checkbox"/> SP Specific Plan	<input type="checkbox"/> SCR Substantial Conformance Review	<input type="checkbox"/> TPM Tentative Parcel Map	<input type="checkbox"/> TSM Tentative Subdivision Map
<input type="checkbox"/> VAR Variance	<input type="checkbox"/> ZR Zone Reclassification	<input type="checkbox"/> Other: _____	

Project Location

Parcel Number (APN): _____

Address: _____

Nearest Intersection: _____

Project Description (or attach separate narrative)

Project Screening Questions

Existing use?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please describe: _____ _____ _____
Modification of use?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
New development or addition?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Existing Structures?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Demolition or substantial modification proposed to site improvements or structures?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Tenant improvements proposed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Existing vegetation or trees on site proposed for removal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Proposed grading?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Proposed quantities of cut and/or fill. _____

Applicant Information (the individual or entity proposing to carry out the project; not for consultants)

Company Name: _____

Contact Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Interest in Property: Own Lease Option

Project Representative Information (if different than applicant; consultant information here)

Company Name: _____

Contact Name: _____ License: _____

Mailing Address: _____

Phone: _____ Email: _____

Property Owner Information (if different than applicant)

Company Name: _____

Contact Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Hazardous Waste and Substances Statement

Section 65962.5(f) of the State of California Government Code requires that before the City of El Cajon accepts as complete an application for any discretionary project, the applicant submit a signed statement indicating whether or not the project site is identified on the State of California Hazardous Waste and Substances Sites List. This list identifies known sites that have been subject to releases of hazardous

chemicals, and is available at <http://www.calepa.ca.gov/sitecleanup/corteselist/>. Check the appropriate box and if applicable, provide the necessary information:

The development project and any alternatives proposed in this application:

is/are NOT contained on the lists compiled pursuant to Government Code Section 65962.5.

is/are contained on the lists compiled pursuant to Government Code Section 65962.5.

If yes, provide Regulatory Identification Number: _____ Date of List: _____

Authorization

Applicant Signature¹: _____ Date: _____

Property Owner
Signature²: _____ Date: _____

1. **Applicant's Signature:** I certify that I have read this application and state that the above information is correct, and that I am the property owner, authorized agent of the property owner, or other person having a legal right, interest, or entitlement to the use of the property that is the subject of this application. I understand that the applicant is responsible for knowing and complying with the governing policies and regulations applicable to the proposed development or permit. The City is not liable for any damages or loss resulting from the actual or alleged failure to inform the applicant of any applicable laws or regulations, including before or during final inspections. City approval of a permit application, including all related plans and documents, is not a grant of approval to violate any applicable policy or regulation, nor does it constitute a waiver by the City to pursue any remedy, which may be available to enforce and correct violations of the applicable policies and regulations. I authorize representatives of the City to enter the subject property for inspection purposes.
2. **Property Owner's Signature:** If not the same as the applicant, property owner must also sign. A signed, expressed letter of consent to this application may be provided separately instead of signing this application form. By signing, property owner acknowledges and consents to all authorizations, requirements, conditions and notices described in this application. Notice of Restriction: property owner further acknowledges and consents to a Notice of Restriction being recorded on the title to their property related to approval of the requested permit. A Notice of Restriction runs with the land and binds any successors in interest.

Pre-application Conference

The purpose of a pre-application conference is to provide you an opportunity to review your project with City staff in a preliminary form to finalize submittal requirements and receive a cursory identification of potential issues. **A pre-application is required unless waived by staff.**

Conference date: _____

Application Submittal

To submit your application, **it must be done by appointment** scheduled in advance for all Level 3, 4, & 5 project reviews, unless waived by staff. It is recommended for projects that will subsequently meet the criteria for a Level 1-C review through Level 2.

Appointment date: _____