



**DEVELOPMENT REVIEW APPLICATION**

Community Development Department  
 Planning Division  
 10890 San Pablo Avenue, El Cerrito, CA 94530  
 (510) 215-4330 – FAX (510) 233-5401  
 planning@ci.el-cerrito.ca.us

<b>Application No:</b>	_____
<b>Date Received:</b>	_____

Please discuss your proposal with Planning Staff prior to completing this form. Please print or type legibly. Attach additional sheets if necessary. Incomplete applications may not be accepted.

<p><b>1. Type of Application</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Use Permit</td> <td><input type="checkbox"/> Design Review</td> </tr> <tr> <td><input type="checkbox"/> Administrative Use Permit</td> <td><input type="checkbox"/> SPASP Tier I</td> </tr> <tr> <td><input type="checkbox"/> Temporary Use Permit</td> <td><input type="checkbox"/> SPASP Tier II</td> </tr> <tr> <td><input type="checkbox"/> Variance</td> <td><input type="checkbox"/> SPASP Tier III</td> </tr> <tr> <td><input type="checkbox"/> Lot Line Adjustment</td> <td><input type="checkbox"/> SPASP Tier IV</td> </tr> <tr> <td><input type="checkbox"/> Certificate of Compliance</td> <td><input type="checkbox"/> Administrative Design Review</td> </tr> <tr> <td><input type="checkbox"/> Tentative Map (Minor)</td> <td><input type="checkbox"/> RAD Review</td> </tr> <tr> <td><input type="checkbox"/> Tentative Map (Major)</td> <td><input type="checkbox"/> Planned Development</td> </tr> <tr> <td><input type="checkbox"/> Parcel Map</td> <td><input type="checkbox"/> Zoning Amendment/Rezone</td> </tr> <tr> <td><input type="checkbox"/> Zoning Clearance</td> <td><input type="checkbox"/> General Plan Amendment</td> </tr> <tr> <td><input type="checkbox"/> Accessory Dwelling Unit</td> <td><input type="checkbox"/> SB-9 Project</td> </tr> </table>	<input type="checkbox"/> Use Permit	<input type="checkbox"/> Design Review	<input type="checkbox"/> Administrative Use Permit	<input type="checkbox"/> SPASP Tier I	<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> SPASP Tier II	<input type="checkbox"/> Variance	<input type="checkbox"/> SPASP Tier III	<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> SPASP Tier IV	<input type="checkbox"/> Certificate of Compliance	<input type="checkbox"/> Administrative Design Review	<input type="checkbox"/> Tentative Map (Minor)	<input type="checkbox"/> RAD Review	<input type="checkbox"/> Tentative Map (Major)	<input type="checkbox"/> Planned Development	<input type="checkbox"/> Parcel Map	<input type="checkbox"/> Zoning Amendment/Rezone	<input type="checkbox"/> Zoning Clearance	<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Accessory Dwelling Unit	<input type="checkbox"/> SB-9 Project	<p><b>Application Fee(s):</b></p> <p>Fee(s): \$ _____ (____)</p> <p>\$ _____ (____)</p> <p>\$ _____ (____)</p> <p>Pub. Notice: \$0.56 x _____ = \$ _____ (1700)</p> <p>Mail List: \$ _____ (6055)</p> <p>Env. Fee: \$ _____ (6053)</p> <p>Laserfiche: \$ _____</p> <p>Total: \$ _____</p>
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**2. Property Location:** Zoning District: \_\_\_\_\_ APN: \_\_\_\_\_  
 Address of Subject Property: \_\_\_\_\_

**3. Requested Action:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Applicant:** *In signing this application, I, as Applicant, certify that I have obtained written authorization from the property owner and have attached separate documentation showing my full legal capacity to file this application. I agree to be bound by the conditions of approval, subject only to the right to object at the public hearings or during the appeal period. I further certify that the information and exhibits submitted are true and correct.*

Applicant's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Phone: ( ) \_\_\_\_\_

Contact Person's Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5. Property Owner:** *In signing this application, I, as Property Owner, certify that I have full legal capacity to, and hereby do, authorize the filing of this application. I understand that conditions of approval are binding. I agree to be bound by those conditions, subject only to the right to object at the public hearings or during the appeal period. I further certify that the information and exhibits submitted are true and correct. Note: all property owners must sign if property is jointly owned.*

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

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT AGREES TO HOLD THE CITY OF EL CERRITO (CITY) HARMLESS FOR ALL COSTS AND EXPENSES, INCLUDING ATTORNEY'S FEES, INCURRED BY THE CITY OR HELD TO BE THE LIABILITY OF THE CITY IN CONNECTION WITH THE CITY'S DEFENSE OF ITS ACTIONS IN ANY PROCEEDING BROUGHT IN ANY STATE OR FEDERAL COURT CHALLENGING THE CITY'S ACTIONS WITH RESPECT TO THE APPLICANT'S PROJECT.**