



PLANNING
Development Services Department

Date Stamp

**APPLICATION SUBMITTAL CHECKLIST for
Team Pre-Application Meeting**

This form is to submit information for a Team Pre-Application meeting and to schedule a meeting date. This form should be submitted after you have submitted a Service Request and have spoken with your assigned planner. This is the first step in the review process.

† I understand that by initialing here, the Team Pre-Application meeting will be reviewed based on the level of detail provided. Although item 7 is optional, successful meeting is dependent on the quality of the submitted documentation. Staff can only provide general information without a full submittal. **INITIAL:** _____

Required

- | | Yes | No | SUBMITTAL DOCUMENTS *FOLD PLANS TO 9" X 12" |
|----|-------------------------------------|-------------------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Service Request Number: SR _____ Project Planner _____ |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Site Plan, size 24" x 36" minimum, drawn to scale (10 copies, folded*) |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Detailed Project Narrative (11 copies) |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Current Aerial Photograph with the Subject Property Highlighted (10 copies, folded*) |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Current Parcel Map with the Subject Property Highlighted (10 copies, folded*) |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Photographs of the Site (10 sets) |
| 7. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Conceptual Elevations, Landscape and Grading/Drainage Plans (10 copies, folded*)† |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Filing Fee: \$ _____ |

PLEASE FILL FORM LEGIBLY

Project Name: _____ Proposed Use: _____

Address of the Site: _____

Applicant's Name: _____ Firm: _____

Applicant's Mailing Address: _____

Applicant's Phone Number: _____

Applicant's Email: _____

Current Zoning: _____ Acreage: _____ Council District: _____

General Plan Designation: _____

Signature of Applicant / Date Printed Name

TO BE FILLED OUT & ROUTED BY CITY STAFF BELOW

Project Team

- Building Safety
- Planning
- Fire
- Land Development Engineering
- Traffic Engineering
- Sanitation
- Environmental Resources

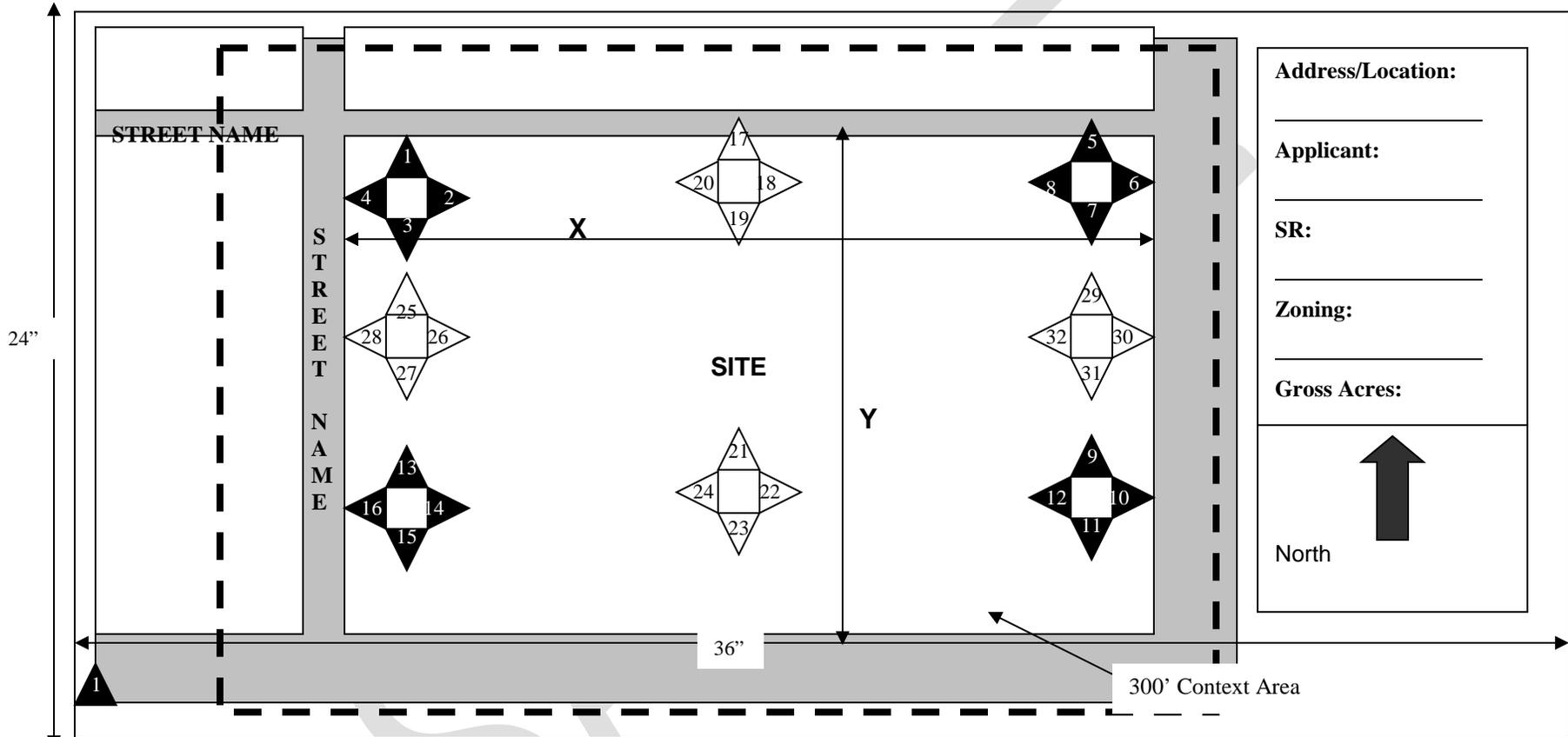
Key Issue: _____

Team Comments Due Date: _____ **Meeting Day & Time:** _____

PHOTOGRAPH CONTEXT PLAN

*Graphic provided is for example only. Submittals may vary, but must be folded to 9" x 12" maximum.
This information can be included on the site plan submitted as part of the Team Pre-Application packet.*

EXISTING CONDITIONS EXHIBIT



*Note: All applicants are expected to provide photographs number 1 – 16.
If distance 'X' is greater than 500 feet, also take photographs number 17 – 24.
If distance 'Y' is greater than 500 feet, also take photographs number 25-32.
Color photographs keyed to the site are to be taken at the curb and along property boundaries indicating perimeter conditions and adjacent properties.*