



GENERAL APPLICATION

Project Address/Location		APN:	
Project Name		General Plan Designation	Zoning District
Applicant Name		Phone	Fax
Applicant Address	City	State	Zip
Applicant E-Mail Address			
Property Owner Name		Phone	Fax
Property Owner address	City	State	Zip
Property Owner E-Mail Address			
Representative Name <input type="checkbox"/> Engineer <input type="checkbox"/> Architect <input type="checkbox"/> Other		Phone	Fax
Representative Address	City	State	Zip
Representative E-Mail Address			

PROJECT INFORMATION

Existing Use		Proposed Use	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Vacant		<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Vacant	
Parcel size(s)	Existing Floor Area	Existing Footprint Area	Landscape Sq. Ft.
# of Buildings	Proposed Floor Area	Proposed Footprint Area	# of Parking Spaces
Detailed Project Description (<i>Attach additional pages if necessary</i>):			

OWNER/AGENT STATEMENT

Property Owner Consent – I am the legal owner of record of the land specified in this application or am authorized and empowered to act as an agent on behalf of the owner of record on all matters relating to this application. I declare that the foregoing is true and correct and accept that false or inaccurate owner authorization may invalidate or delay action on this application.

The project applicant agrees to defend, indemnify and hold harmless the City, its City Council, its officers, boards, commissions, employees and agents from and against any claim, action, or proceeding brought by a third party to attack, set aside, or void the project approval or any permit authorized for the project, including reimbursing the City its attorneys fees and costs incurred in defense of the project.

X _____ **DATE** _____

The Livermore Development Code allows up to 30 days for the assigned planner to deem an application complete. An application must be deemed complete before proceeding to a hearing or staff level decision. If your project does go to hearing, you will be notified by mail in advance of the hearing date. If you would like to check meeting agendas, please go to the website: <http://www.cityoflivermore.net/citygov/clerk/comms/pc/default.asp>

APPLICATION REFERRAL – STAFF USE ONLY

The attached project plans and application materials are hereby forwarded to you department for review and comment. Your suggestions and applicable requirements/regulations are needed by the date shown below. Please do not return plan sets.

Staff Planner: _____ Application No(s): _____

Date Sent: _____ Please Return By: _____ Project Review Date: _____

<input type="checkbox"/> Building Division	<input type="checkbox"/> Airport Commission	<input type="checkbox"/> Livermore School District
<input type="checkbox"/> Engineering Division	<input type="checkbox"/> Housing & Human Services – Arts	<input type="checkbox"/> Livermore Sanitation
<input type="checkbox"/> Fire Prevention	<input type="checkbox"/> Housing & Human Services – Housing	<input type="checkbox"/> Alameda County Zone 7
<input type="checkbox"/> Police Department	<input type="checkbox"/> Public Services	<input type="checkbox"/> Other:
<input type="checkbox"/> Water Resources Division	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referral Response: Comment attached, dated: _____ No Comment

Name/Department: _____ Date: _____

APPLICATION TYPE – STAFF USE ONLY

Conditional Use Permit	CUP _____	Annexation/Pre-Zoning	ZMA _____	Planned Development	PD _____
Amendment to CUP	CUPM _____	Cert. of Appropriateness	COA _____	Planned Unit Development	PUD _____
Downtown Design Review	DDR _____	Development Agreement	DA _____	Secondary Dwelling Unit	SDU _____
Site Plan Design Review	SPDR _____	Amendment to DA	DAA _____	Subdivision	SUB _____
Amendment to SPDR	SPDRM _____	Development Code Am	DCA _____	<input type="checkbox"/> TPM <input type="checkbox"/> VTPM <input type="checkbox"/> PMW	
Zoning Use Permit	ZUP _____	Housing Implementation	HIP _____	<input type="checkbox"/> TTM <input type="checkbox"/> VTTM	
<input type="checkbox"/> Seasonal Sales Lot		Large Day Care Center	ZUP _____	Map Number: _____	
Temporary Use Permit	TUP _____	Lot Line Adjustment	LLA _____	Tree Removal Permit	TREE _____
<input type="checkbox"/> Model Home Complex		Out of Area Svc. Agmt	OASA _____	Move Permit	MOVE _____
<input type="checkbox"/> Construction Office, Tract Sales Office and Residence		Outdoor Dining/Display	ODP _____	Variance	VAR _____
<input type="checkbox"/> Rallies, Circuses & Carnivals		Other _____	_____	Zoning Clearance	ZC _____
		Other _____	_____		

APPLICATION FEES – STAFF USE ONLY

	Base Fee:	\$ _____
	Multiple Applications (Less 10% of Base Fee):	\$ _____
Date Received:	Environmental Filing Fee:	\$ _____ +50.00 =
Received By:	Design Review Fee:	\$ _____
Receipt Number:	Total Fees Due:	\$ _____
CEQA:	Total Fees Paid:	\$ _____
	Balance Owed:	\$ _____

SUBMITTAL CHECKLIST – STAFF USE ONLY

Item	Received	Item	Received
Application		Reductions (8½" x 11")	
Development Plans		Electronic copy of Development Plans	
Tentative Tract/Parcel Map		Legal Description	
Plot Plan		Title Report	
Landscape Plans		Geotechnical Report for TTM/PM	
Project Description/Proposal		Scenic Corridor/School Mitigation Info.	
Site Photographs		SLVSP Project Info.	
Colors/Materials Board		Environmental Assessment Form	
Project Justification Letter			
Impervious Service Worksheet (for projects with any amount of new or replaced impervious surface)			

INTAKE NOTES – STAFF USE ONLY

Planner:	Date:
Notes:	