



**CITY OF EL PASO DE ROBLES
COMMUNITY DEVELOPMENT DEPARTMENT
DEVELOPMENT APPLICATION APPEAL**

(805) 237-3970
1000 Spring Street
Paso Robles, CA. 93446

GENERAL INFORMATION REQUIRED

Applicant _____ Phone _____ Fax # _____

Mailing/Billing Address _____ Email _____

Representative _____ Phone _____ Fax _____

Mailing Address _____ Email _____

Property Owner _____ Phone _____ Fax # _____

Owner's Address _____ Email _____

PROJECT DESCRIPTION (APPEAL)

Assessor's Parcel Number(s) _____

Project Location: _____

Project Description: _____

OWNER / APPLICANT AUTHORIZATION

APPLICANT / REPRESENTATIVE: I have reviewed this completed application and the attached material. The information included with this application is true and correct to the best of my knowledge. **I am submitting the project description, site plan, and elevations for this project on a 3.5 inch disk or IBM compatible CD with all graphics/illustrations in PDF or JPEG format.** I understand the city might not approve what I am applying for, or might set conditions of approval.

PROPERTY OWNER / AUTHORIZED AGENT:
I certify that I am presently the legal owner of the above described property. Further, I acknowledge the filing of this application and certify that all of the above information is true and accurate. I understand that I am responsible for ensuring compliance with conditions of approval. (If the undersigned is different from the legal property owner, a letter of authorization must accompany this form). I hereby authorize the City of Paso Robles and/or its designated agent(s) to enter onto the subject property to confirm the location of existing conditions and proposed improvements, including compliance with applicable City code requirements.

Signed Date

Signed Date

BELOW AREA FOR OFFICE USE ONLY

Notes to File / Staff Notes:

Action / Body / Date:

THIS AREA FOR OFFICE USE ONLY

DEPOSIT APPLICATIONS

- General Plan Amend.
- Rezone
- Conditional Use Permit
- Development Plan
- Tentative Tract Map
- Tentative Parcel Map
- Lot Line Adjustment
- _____

APPLICATION NO. _____

FEE APPLICATIONS

- Site Plan Rev. Major (\$600)
- Plot Plan Rev. Minor (\$200)
- Sign Review (\$20)
- _____
- _____

APPLICATION NO. _____

Total Deposit Paid \$ _____
(G.L. # 406-000-2304-209)

Total Fees Paid \$ _____
(G.L. # 100-000-4704)

Application Received By: _____

Date: _____

AGREEMENT TO PAY ALL DEVELOPMENT APPLICATION FEES

In accordance with City Council Resolution 96-75, the City collects fees based on the actual cost of providing service. The application deposit for this project (as indicated below) may not cover the total cost of processing this application. I am aware that if greater than 75 percent of the application deposit amount is depleted prior to completion of the project, staff will notify the undersigned, in writing, of the amount of additional deposit required to complete processing of the application, based on staff's reasonable estimate of the hours remaining to complete this application process.

Further, I understand that if I do not submit the required additional deposit to the City within 15 days from the date of the letter, staff may stop processing of the application and/or not schedule the project for action by the Planning Commission or City Council. Any remaining deposit will be refunded to me at the time of closeout after I have submitted the approved project plans and forms electronically, or upon my written request to formally withdraw the application.

As the applicant, I understand that I am responsible for the cost of processing this application and I agree that the actual time spent processing this application will be paid to the City of El Paso de Robles.

Deposit Paid: \$ _____

Applicant's Signature _____ Date: _____

Applicant's Name _____
(Please Print)