



CITY OF SAND CITY PLANNING DEPARTMENT

Coastal Development Permit Application Form

(New construction projects must also submit
a Development Permit Application Form)

APPLICANT:

Name: _____

Mailing Address: _____
Street City State Zip

Phone Number: () _____ Fax Number (if any): () _____

E-mail (if any): _____

Representative Name (if any): _____

Mailing Address: _____
Street City State Zip

Phone Number: () _____ Fax Number (if any): () _____

E-mail (if any): _____

PROPERTY OWNER:

Name: _____

Mailing Address: _____
Street City State Zip

Phone Number: () _____ Fax Number (if any): () _____

E-mail (if any): _____

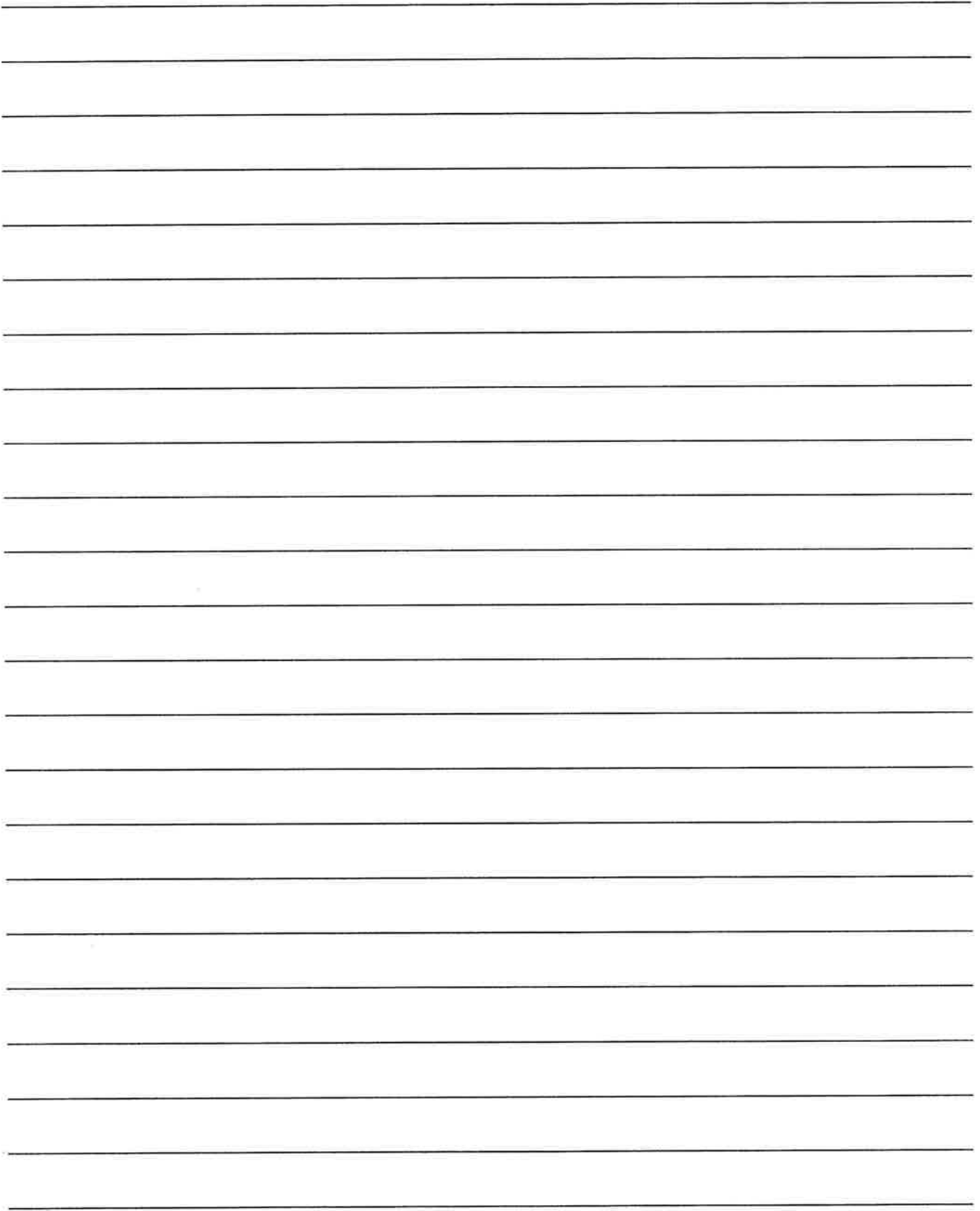
PROJECT DESCRIPTION:

1. Business and/or Project Name: _____

2. Street Address: _____ Assessor's Parcel Number: _____

3. Gross Property Area: _____ Floor Area Square Footage: _____

4. Describe in detail the intended use of the property: _____



5 Describe the existing conditions, and previous use of the subject property: _____

Use back of this sheet or attach additional paper if necessary.

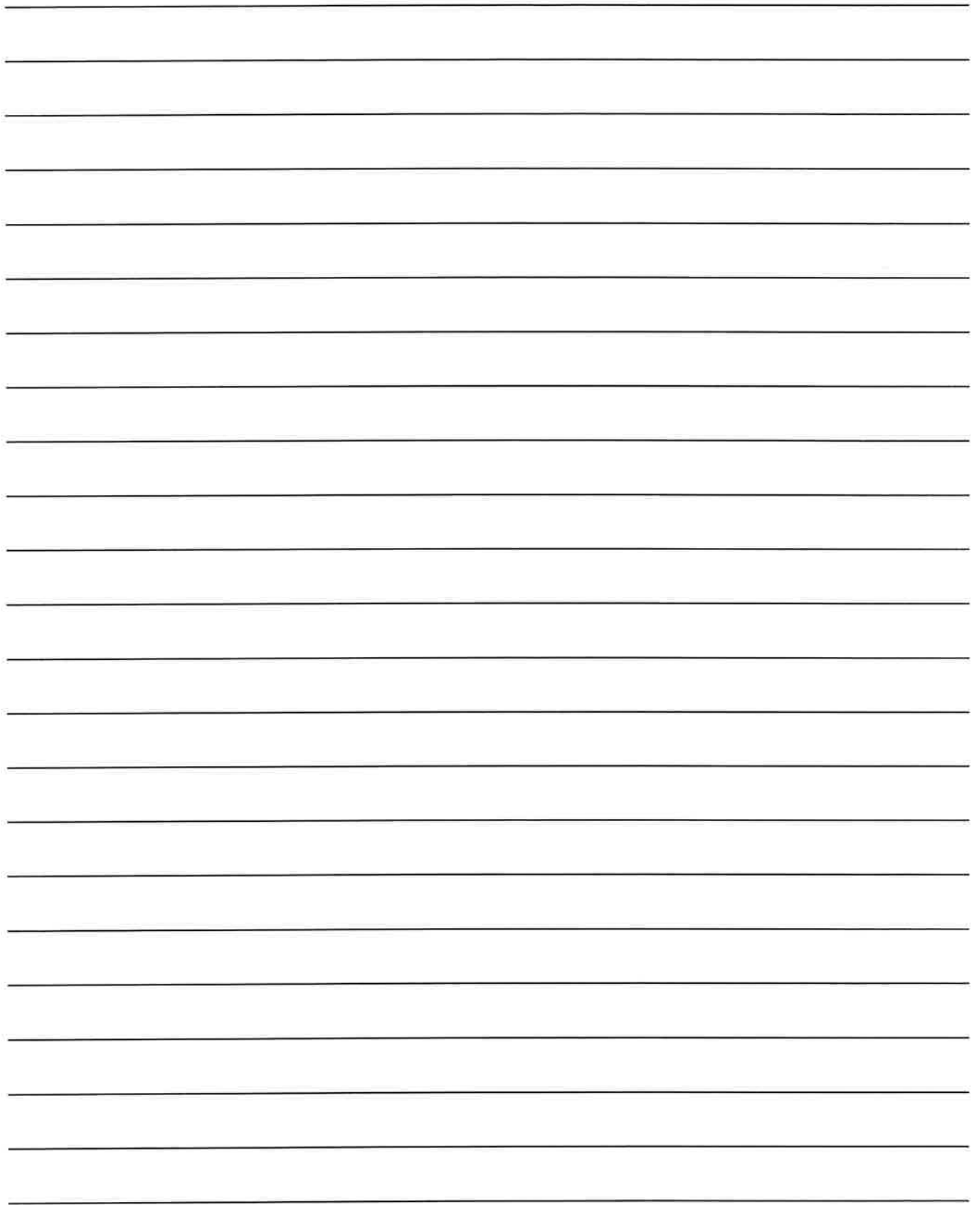
6. Respond Yes (Y) or No (N) to the following items:

Will the proposed project create any of the following effects (circle all that apply):

fire or explosion	Y / N	gases	Y / N
noise or vibration	Y / N	odors or fumes	Y / N
intense illumination	Y / N	extreme heat or cold	Y / N
particulate matter	Y / N	soot or grime	Y / N
air contaminates	Y / N	electrical emissions	Y / N
radioactive emissions	Y / N	noxious acids	Y / N
charred paper	Y / N	dust	Y / N

7. Indicate either "Yes", "Maybe", or "No" for the following items applicable to the project or its effects. Explain those items either checked "Yes" or "Maybe". (Use the back of this form or attach additional sheets as needed).

	YES	MAYBE	NO
a. Change in existing features of any bay, beach hill, or substantial alteration of ground surface.	_____	_____	_____
b. Change in scenic views or vistas from existing areas or public lands or roads.	_____	_____	_____
c. Change in pattern, scale, or character of general area of the project.	_____	_____	_____
d. Significant amount of solid waste or litter.	_____	_____	_____
e. Change in dust, ash, smoke, fumes or odors in the vicinity.	_____	_____	_____
f. Change in ocean or ground water quality or quantity, or alteration of existing surface drainage patterns.	_____	_____	_____
g. Substantial change in existing noise and/or vibration levels in the vicinity.	_____	_____	_____
h. Site on filled land or slope of 10 percent or more.	_____	_____	_____
i. Use or disposal of potentially hazardous or toxic materials, such as flammable or explosives.	_____	_____	_____
j. Substantial change in demand for public services (i.e. Police, Fire, Water, Sewer, Schools, etc.)	_____	_____	_____
k. Is this related to a larger or series of projects?	_____	_____	_____



8. How many employees (including owner/manager) will there be? _____
9. How many parking spaces are currently on the property? _____ Are they Striped? Y / N
10. Is there a loading area separated from the parking spaces identified above? Y / N
11. Will there be any business related signs installed: Y / N (Note: If yes, sign requires architectural review before installation).
12. Are there adequate water and sewer utilities provided to the site? Y / N
13. Are there on-site water credits available to facilitate the proposed project? Y / N
If "Yes", then what is the amount? _____ Acre-Feet.
14. Describe the source of water for the project (i.e. Cal-Am., on-site well, etc.) _____

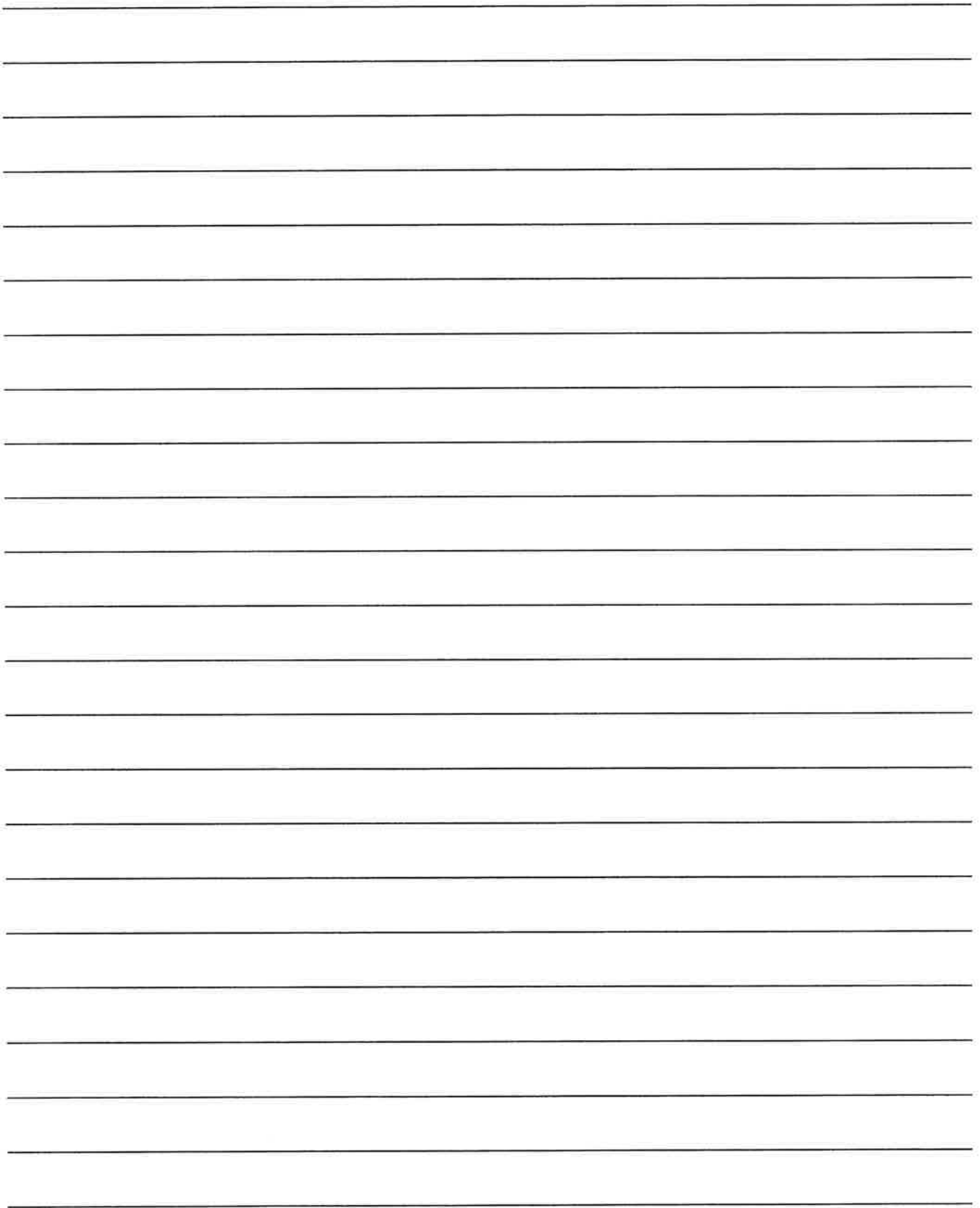
15. Estimate water consumption of proposed project, and explain. _____

16. Will there be any on-site construction/demolition to facilitate the proposed use? Y / N
If "yes" then describe. _____

New Construction/Development (Must also submit Development Permit Application):

17. What is the proposed Lot Coverage? _____% Floor Area Ratio (FAR)? _____
18. Describe proposed set backs? Front: _____ Rear: _____ Sides: _____
19. What is the maximum height of the project, as measured from final grade? _____
20. How many floors does the project propose? _____
21. How many units does the project propose? Residential: _____
Commercial/Retail: _____
Hotel Units: _____
22. If the entire project is not to be constructed at one time, describe the project phases, and identify time of final completion. _____

23. Describe access to the property and development. Include on-site traffic circulation. _____



24. Will the proposed project displace any residents and/or businesses. Y / N Explain: _____

25. Will there be any grading or drainage improvements to the property? Y / N
If so, explain and provide a grading and drainage plan with application submission. _____

26. Stormwater Management:

a) How much pervious area does the project site currently have? _____ square feet

b) How much impervious area does the project currently have? _____ square feet

c) How much new and/or additional impervious surface area (if any) will be created by the project? _____ square feet

d) Does the project site include (circle all that apply): Impermeable soil, near-surface bedrock, high groundwater, groundwater pollution or contaminated soils, steep slopes, geotechnical instability (i.e. coastal bluffs), high-intensity land use, heavy pedestrian or vehicle traffic, endangered species habitat, protected vegetation, archeological resources or safety concerns?

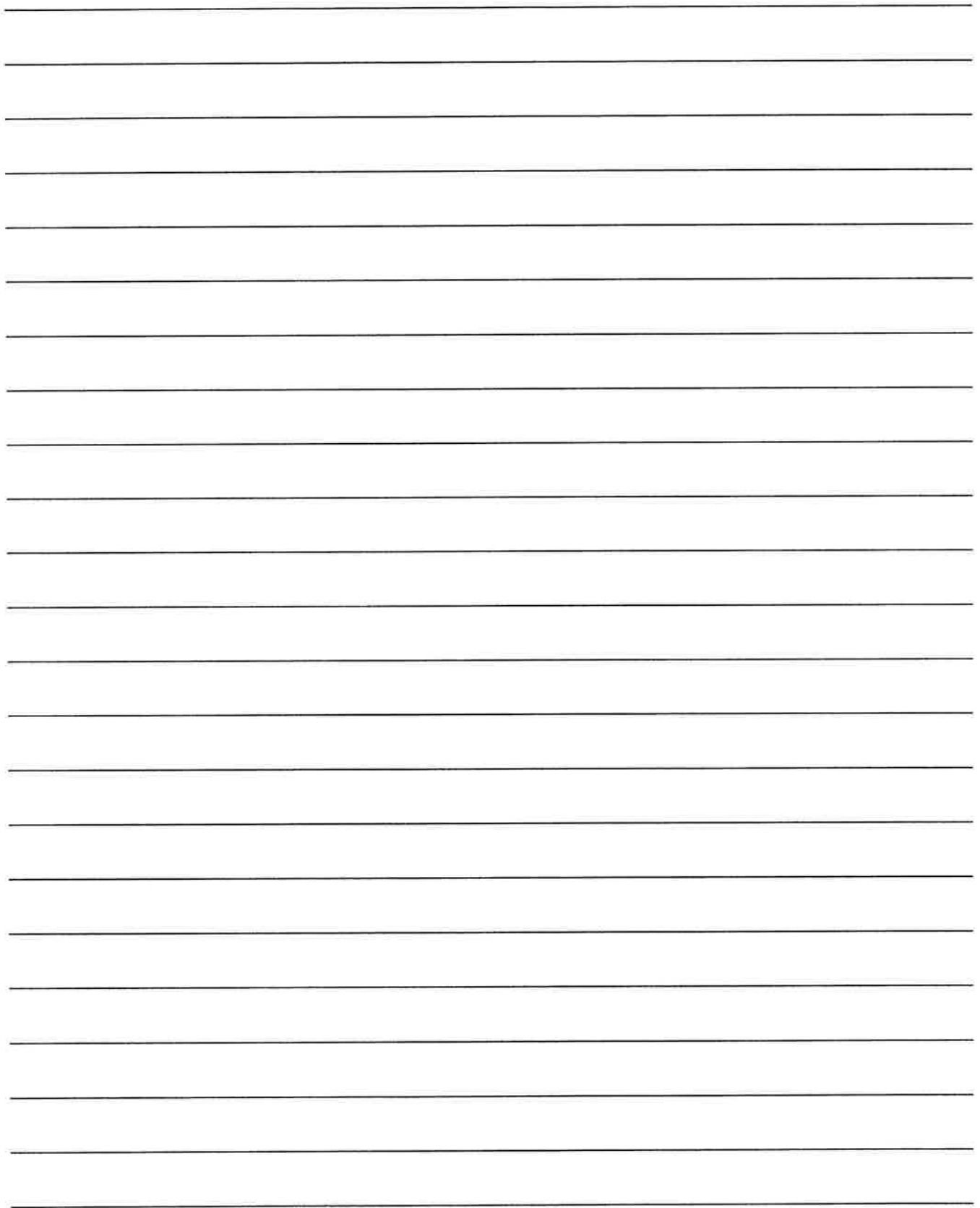
You are required to submit a Stormwater Control Plan with this application submission to demonstrate project compliance with Post-Construction Stormwater Management Requirements. See additional information under "Application Attachment Sheet 2". (Note: This application will be deemed "incomplete" without submission of a Stormwater Control Plan concurrently. Said Plan shall be subject to City Engineer review and approval during the processing of a project's land use entitlement permits.)

27. Are there any existing sensitive biological species and/or habitat areas within the project boundaries that may be impacted by this project? If so, explain. _____

28. Describe any proposed measures to protect sensitive biological species and/or habitat areas.

29. Is any portion of the project site to be reserved or dedicated for environmental preservation purposes? Y / N If "Yes", then identify locations on site plan submitted and explain.

30. Describe measures to protect any identified archaeological resources (if any) _____



31. Describe project design features that will impede, provide, or enhance public views. _____

32. What areas of the property are proposed (if any) for public use, or vertical / lateral, and/or bluff top access ways? Explain. _____
33. Is a tentative sub-division map attached with this application? Y / N
-
-

APPLICATION CONSENT AND CERTIFICATION:

An application cannot be accepted without the signature of both the applicant and property owner. Failure to provide both signatures (at a minimum) may qualify this application as “incomplete”.

Applicant’s Attestation: I/We state that as the applicant(s) here described, I/we have read and completed this application and know the contents herein. I/We declare that the information contained in this application, the project plans, and other supporting material submitted herewith are true and correct to the best of my/our knowledge.

 Signature of Applicant

 Date

 Signature of Applicant

 Date

Consent of Property Owner: I/We declare that I/we am/are the current owner(s) of the herein described property, and that I/we have familiarized myself/ourselves with this completed application, and give consent to the action request.

 Signature of Property Owner

 Date

 Signature of Property Owner

 Date

Monterey County Health Department
1270 Natividad Road, Room B301
Salinas, CA 93906
(831) 755-4511
Fax (831) 755-8954

Jurisdiction Name _____
Use Permit # _____
Or _____
Building Permit # _____
Contact Name _____
Phone # _____

HAZARDOUS MATERIAL QUESTIONNAIRE

Business Name _____ Type of Business _____
Site Location _____ City _____ APN: _____
Mailing Address _____
Business Contact _____
Name Phone Number
Property Owner _____
Name Phone Number

1. Will your business/proposed project be using any hazardous materials such as oil, fuels, solvents, compressed gases, acids, corrosives, pesticides, fertilizers, paints or other chemicals?
 Yes No
2. Will your business/proposed project be using hazardous materials in quantities of 55 gallons and above for liquids, 500 lbs. and above for solids and/or 200 cubic feet and above for compressed gases?
 Yes No
3. Will your business/proposed project be using any quantities of acutely hazardous materials such as ammonia, chlorine, sulfuric acid, formaldehyde, hydrogen peroxide, methyl bromide or other restricted pesticides?
 Yes No
4. Will your business/proposed project be using underground storage tanks to store hazardous materials?
 Yes No
5. Will your business/proposed project be generating any quantities of hazardous waste such as waste oil, waste solvents, etc?
 Yes No
6. Will your business/proposed project be emitting any hazardous air emissions?
 Yes No

CERTIFICATION:

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct to the best of my knowledge and belief.

ANY QUESTIONS REGARDING THIS FORM CAN BE DIRECTED TO:

Monterey County Health Department
Division of Environmental Health
1270 Natividad Road, Room B301
Salinas, CA 93906
(831) 755-4511

Executed AT:

City, State

Print Name of Owner/Operator: _____

Signature of Owner/Operator: _____

For Local Jurisdiction Use Only:

1. Is there a known or proposed school, hospital, day care, or long term care facility within 1,000 feet of this site location?
 Yes No
2. Is there a known or proposed school, hospital, day care, or long term care facility ¼ mile of this site location?
 Yes No

Health Department Clearance

Signature: _____ Date: _____

Print Name and Title: _____

Air Pollution District Clearance

Signature: _____ Date: _____

Print Name and Title: _____

WORKSHEET

**Names and Mailing Addresses of Property Owners
within a radius of 300 feet of project's parcel boundary**

Type or print clearly

Assessor's Parcel #

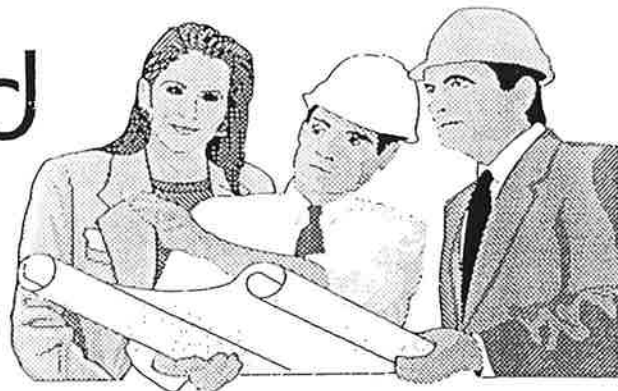
Owner & Address

I certify that the above information was obtained from the most recent County of Monterey tax assessment rolls.

Date: _____

Signature of Applicant: _____

When do I need to check with the Air District?



State law requires any facility which has the potential to emit air contaminants to apply for a permit from the Air District. This list is provided to help you determine whether your project is covered by the Air District's permit requirements.

- Abrasive Blasting Equipment
- Asphalt Batch Plant
- Boilers
- Bulk Material Transfer & Storage Equipment
- Chrome Plating
- Circuit Board Manufacturing
- Coating Equipment (>5 gal/yr)
- Coffee Roaster
- Cogeneration Facilities
- Concrete Batch Plant
- Cooling Towers
- Crematories
- Crushing & Screening Equipment
- Curing & Burnoff Ovens
- Degreasing Operations
- Dredges
- Dry Cleaning Equipment
- Dryers
- Dust Collectors
- Emission Control Equipment
- ETO Sterilizers
- Fiberglass Fabrication Operations
- Flares
- Fume Hoods
- Fumigation Chambers
- Furnaces
- Furniture Stripping Operations
- Gasoline Dispensing Equipment
- Gasoline Storage Equipment

- Graphic Arts Printing (>10 lbs/day emissions)
- Incinerators
- Internal Combustion Engines (>50 hp)
- Kilns
- Laboratory Hoods
- Oil Production & Process Equipment
- Oil Water Separators
- Organic Liquid Storage Tanks
- Paint Manufacturing
- Paint Spray Booths (>5 gal/yr)
- Paint Spray Equipment (>5 gal/yr)
- Pile Drivers
- Printed Circuit Board Manufacturing
- Printing (>10 lbs/day emissions)
- Product Dryers
- Quarry Operations
- Resource Recovery Facilities
- Sand & Gravel Operations
- Semiconductor Wafer Fabrication Equipment
- Soil & Water Cleanup
- Truck Loading & Receiving Equipment/Bulk Materials
- Waste Water Treatment Plants (WWTP) & Pump Stations with Odor Control
- Wave Solder/Solder Reflow Machines
- Wet Scrubbers
- Wood Chippers/Tub Grinders
- Wood Working Facilities
(if aggregate horsepower of stationary equipment exceeds 50 hp)

This list is not exhaustive. If you have any doubts or questions about whether you need a permit, please call the Air District at (408) 647-9411, and an engineer will be happy to answer your questions.



MONTEREY BAY
Unified Air Pollution Control District

servicing Monterey, San Benito, and Santa Cruz counties

24580 Silver Cloud Court
Monterey, CA 93940
Voice (408) 647-9411
Fax (408) 647-8501