



Community Development Department Planning Division

PROJECT SUMMARY SHEET

1. Property Information.

Address(es)/location _____ APN(s) _____

Current use(s) _____

Property area (sq ft or ac) _____ # of structures _____ # of dwelling units _____

Zoning _____ Gen. Plan _____

Historic Cons. Dist. _____ Historic designation _____

Setbacks and lot coverage

	Required	Existing	Proposed (if different from existing)
Front (ft)	_____	_____	_____
Side 1 (ft)	_____	_____	_____
Side 2 (ft)	_____	_____	_____
Rear (ft)	_____	_____	_____
Lot coverage, total of all structures (%)	_____	_____	_____

Adjacent properties and uses

North	_____	Zoning _____	Gen. Plan _____
East	_____	Zoning _____	Gen. Plan _____
South	_____	Zoning _____	Gen. Plan _____
West	_____	Zoning _____	Gen. Plan _____

Sitework

Trees over 12" in diameter,
as measured 4 feet above grade Existing _____ To be removed _____

Estimated volume of cut and fill (cubic yds) Cut _____ Fill _____

Import/Export Balance (check one) Net import Net export Balance

Utilities affected _____

2. Primary/Affected Building Information.

	Maximum	Existing	Proposed (if different from existing)
Total building floor area (sq ft)	_____	_____	_____
Floor-to-Area Ratio (FAR) (ratio)	_____	_____	_____
Building Footprint (sq ft)	_____	_____	_____
Height			
Wall	_____	_____	_____
Peak of roof	_____	_____	_____

3. Uses of the Property.

Building Uses (retail, residential, office, warehouse, manufacturing, etc.)

	Description	Floor Area (sq ft)
Use 1	_____	_____
Use 2	_____	_____
Use 3	_____	_____
Use 4	_____	_____

Property Uses (parking lot, landscaping, patio, eating area, storage, garbage, etc.)

	Description	Area (ac or sq ft)
Use 1	_____	_____
Use 2	_____	_____
Use 3	_____	_____
Use 4	_____	_____

Housing Units (if any)

Type	Existing	Proposed (if different from existing)
Single family detached units (#)	_____	_____
Apartment units (#)	_____	_____
Condominium units (#)	_____	_____

Bedrooms	Existing	Proposed (if different from existing)
Studio units (#)	_____	_____
1 or 2 bedroom units (#)	_____	_____
3+ bedroom units (#)	_____	_____

Parking

	Required	Existing	Proposed (if different from existing)
Regular spaces (#)	_____	_____	_____
Compact spaces (#)	_____	_____	_____

Operating Information

	Existing	Proposed (if different from existing)
Business name	_____	_____
Days of operation (circle)	S M T W T F S	S M T W T F S
Operating hours	_____	_____
Operating hours, cont.	_____	_____
Employees (#)	_____	_____
Vehicles (#)	_____	_____

	Existing	Proposed (if different from existing)
Outdoor storage or display (sq ft)	_____	_____
Outdoor food service (sq ft)	_____	_____
Live entertainment (sq ft)	_____	_____

For Staff Use:	Appl. #(s) _____	Date Filed _____
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