



Community Development Department Planning Division

ENVIRONMENTAL CHECKLIST FORM

1. Property Information.

Address/location _____

APN(s) _____ Parcel area (sq. ft. or ac) _____

Other permits/approvals required for this project (federal, state, regional, etc.)

2. Project Information.

Indicate which of the following types of impacts may be applicable to or generated by the project. Discuss below all items checked "Yes" or "Maybe". Attach additional sheets if necessary.

Type of Impact	Yes	Maybe	No
a. Change in existing features of any bay, tidelands, beaches, lakes or hills, or substantial alteration of ground cover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Change in scenic views or vistas from existing residential areas or public lands or roads.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Change in pattern, scale, or character of general area of project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Creation of significant amounts of solid waste or litter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Change in dust, ash, smoke, fumes, or odors in vicinity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Change in bay, lake, stream, or groundwater quality or quantity, or alteration of existing drainage patterns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Change in existing noise or vibration levels in the vicinity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Site on filled land or slope of 10 percent or more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Use or disposal of potentially hazardous materials (toxic substances, flammables, explosives, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Substantial change in demand for municipal services (police, fire, water, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Substantial increase in fossil fuel consumption (oil, natural gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Relationship to a larger project or series of projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Construction in a floodplain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use this space to discuss items checked "Yes" or "Maybe" (attach additional sheet if necessary)

3. Applicant's Signature.

By signing below, I hereby certify that the information I am submitting is complete and accurate to the best of my knowledge. I understand that any misstatement or omission of the requested information may cause unforeseen delays in the processing of my application.

Applicant _____ Date _____

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