



Community Development Department Planning Division

PROJECT SUMMARY SHEET

1. Property Information.

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

A. Adjacent uses

North _____

East _____

South _____

West _____

B. Are you approx. 100 Feet from shoreline? _____ Yes _____ No

C. Sitework (complete if any vegetation removal or grading activity is proposed)

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.

A. Will the building footprint change? _____ Yes _____ No

If "Yes" complete below Maximum Existing Proposed (if different from existing)

Total floor area (sq. ft.) _____

Building Footprint (sq. ft.) _____

Height _____

Wall _____

Peak of roof _____

B. Will the building materials, window or door materials, or openings change?

If "yes", please describe. _____

3. Uses of the Property.

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

	Description (indicate if existing or proposed)	Floor Area (sq. ft.)
Use 1	_____	_____
Use 2	_____	_____
Use 3	_____	_____
Use 4	_____	_____

B. Will you have a Manufacturing process? If so, declare building occupancy _____

C. Property Uses (all outdoor areas including parking lot, landscaping, eating area, storage, garbage, etc.)

	Description (indicate if existing or proposed)	Area (ac. or sq. ft.)
Use 1	_____	_____
Use 2	_____	_____
Use 3	_____	_____
Use 4	_____	_____

D. Housing Units (if applicable)

Type	Existing	Proposed (if different from existing)
Single family detached units (#)	_____	_____
Apartment units (#)	_____	_____
Condominium units (#)	_____	_____
<u>Bedrooms</u>	Existing	Proposed (if different from existing)
Studio units (#)	_____	_____
1 or 2 bedroom units (#)	_____	_____
3+ bedroom units (#)	_____	_____

E. Parking

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

F. 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 (expected #)	_____	_____

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

If public funds (Federal, State or local) will be used for the project please describe below: _____

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