



GENERAL APPLICATION

GPA, CZ, AMENDMENT TO ZONING ORDINANCE, CUP, LAND DIVISION, DEV AGREEMENT, EXT OF TIME, PUD, SPEC PLAN, DEV PLAN REVIEW, VARIANCES

GENERAL INFORMATION SHEET

IN ORDER FOR THE DEPARTMENT OF COMMUNITY DEVELOPMENT TO CERTIFY AN APPLICATION COMPLETE, THE FOLLOWING INFORMATION MUST BE PROVIDED. PLEASE NOTE THAT THE REQUEST WILL NOT BE AGENDIZED UNTIL THE APPLICATION IS CERTIFIED.

1. General Application Form.
2. One complete Environmental Information Form for each case.
3. A **MAP** or **SITE PLAN** with two full size copies at 24" x 36" drawn to scale (1"=100' minimum) with a line scale on the map. Twenty reduced copies (11" x 17") must be legible, folded in half with printing out. One acetate reduction (8/5" x 11"). Minimum lettering size on a full scale maps shall be 1/8". (fold maps per exhibit).
4. 300 feet Radius Map (2 copies).
5. 3 sets of gummed labels (Xerox brand or equivalent with names, assessor's parcel numbers, and addresses of property owners within 300 feet of the subject property, typed or printed . Include labels for the owner, representative, and applicant. Enclose each set in a manila envelope with radius map.
6. Filing Fees.
7. Exhibits required for each case.
8. Any other information staff deems necessary to process the case.
9. Amendments to Zoning Ordinance and Extension of Time applications may not require radius map and gummed labels (nos. 4 & 5 above); consult with staff prior to filing these applications.



Important: This sheet is necessary for project submittal

APPLICATION CHECKLIST

APPLICANT	STAFF	ITEMS
<input type="checkbox"/>	<input type="checkbox"/>	COMPLETE GENERAL APPLICATION FORM
<input type="checkbox"/>	<input type="checkbox"/>	COMPLETE ENVIRONMENTAL INFORMATION
<input type="checkbox"/>	<input type="checkbox"/>	FULL SIZE MAPS 24" x 36" (2 Copies) GPA, CZ, CUP, Variance, Subdivisions *folded to 8 ¹ / ₂ " x 11"
<input type="checkbox"/>	<input type="checkbox"/>	REDUCED COPIES OF DEVELOPMENT MAPS 11" x 17" (20 Copies) *folded in half
<input type="checkbox"/>	<input type="checkbox"/>	300' RADIUS MAPS BASED ON ASSESSORS MAP (2 Copies)
<input type="checkbox"/>	<input type="checkbox"/>	GUMMED MAILING LABELS (3 Sets)
<input type="checkbox"/>	<input type="checkbox"/>	CERTIFICATION FORM OR LETTER FOR MAILING LIST & LABELS
<input type="checkbox"/>	<input type="checkbox"/>	ALL EXHIBITS
<input type="checkbox"/>	<input type="checkbox"/>	FILING FEES
<input type="checkbox"/>	<input type="checkbox"/>	SUPPLEMENTAL FORMS <ul style="list-style-type: none">• Water and Sewer "will-serve" letters• Acknowledgement letter from school district (San Jacinto Unified or Hemet Unified)



INSTRUCTIONS FOR COMPLETING GENERAL APPLICATION

A separate application is required for each case

SECTION I: ACTION REQUESTED

Check the applicable action being requested.

SECTION II: APPLICANT/ OWNER/ REPRESENTATIVE

Please complete in its entirety.

SECTION III: PROJECT DESCRIPTION, LOCATION, ACREAGE

- A. Can be obtained from your property tax bill
- B. Address or location
- C. Project Description and Acreage
- D. Current Zoning (may be obtained from Planning Division)
- E. Current Plan Designation (may be obtained from Planning Division)

SECTION IV: AFFIDAVIT

- A. If more than one owner is involved and/or there are first trust deed holders, they must sign this section
- B. Read and Sign (Applicant or Applicant's Representative)
- C. Check the appropriate statements, then Sign before a Notary

Note: IF YOU ARE NOT THE PROPERTY OWNER, YOU MUST PROVIDE WRITTEN PROOF THAT YOU ARE AUTHORIZED TO SIGN AS A REPRESENTATIVE



GENERAL APPLICATION

Case # _____	Fee _____
Date Submitted _____	Date Application _____
Received by _____	Certified Completed _____

INSTRUCTIONS:

Please provide all information requested in Sections I, II & III

- | | |
|--|---|
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Development Agreement |
| <input type="checkbox"/> Change of Zone | <input type="checkbox"/> Extension of Time |
| <input type="checkbox"/> Amendment to Zoning Ordinance | <input type="checkbox"/> Planned Unit Development |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Development Plan Review |
| <input type="checkbox"/> Land Division | <input type="checkbox"/> Specific Plan |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Other (specify): _____ |

II. A. APPLICANT/ OWNER/ REPRESENTATIVE INFORMATION

Name of Applicant	Phone No.
Address of Applicant	

B.

Property Owner of Record	Phone No.
Mailing Address	

C.

Representative	Phone No.
Mailing Address	Email:

III. PROJECT DESCRIPTION & LOCATION

A. Assessor's Parcel Number (s)	B. Property address/ location
C. Project Description & Acreage	



GENERAL APPLICATION

IV. AFFIDAVIT

A. LIST THE NAMES AND ADDRESSES AND SIGNATURES OF ALL PROPERTY OWNERS AND HOLDERS OF FIRST TRUST DEEDS, CORPORATE OFFICERS AND PARTNERS INVOLVED WITH THIS APPLICATION.

Signature	Name	Address	Title

B. I HAVE COMPLETED THIS APPLICATION FULLY AS THE APPLICANT/APPLICANT'S REPRESENTATIVE AND ACKNOWLEDGE THAT THE COMPLETION OF THE STATE REQUIRED ENVIRONMENTAL REVIEW WILL BE THE ACTUAL FILING DATE

_____ Name

_____ Signature

C. I DECLARE UNDER PENALTY OF PERJURY THAT I AM THE

- Owner
- Attorney of the Owner
- Person with Power of Attorney from the owner
- Lessee
- Designated Representative

THE PROPERTY OWNERS INVOLVED IN THIS APPLICATION, AND THE FOREGOING STATEMENTS AND INFORMATION PROVIDED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(SIGNATURE MUST BE NOTARIZED)

Executed this _____ day of _____, 20____, at _____, California

_____ Name

_____ Signature

EVIDENCE OF SIGNATOR'S AUTHORITY SHALL BE FILED WITH THIS APPLICATION. IF APPLICANT IS A CORPORATION, COMPANY, OR PARTNERSHIP, THE NAME, ADDRESS, AND TITLE OF ALL OFFICERS SHALL ACCOMPANY THIS APPLICATION UNLESS PREVIOUSLY FILED.

OBTAIN INSTRUCTIONS AS TO THE PREPARATION OF MAPS, PLANS, SKETCHES, OR OTHER DATA OR INFORMATION PERTINENT TO THIS PARTICULAR REQUEST FROM THE OFFICE OF COMMUNITY DEVELOPMENT.



CERTIFICATION FORM

**CITY OF SAN JACINTO
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING DIVISION**

State of California
County of Riverside
City of San Jacinto

I, _____ hereby certify that attached list contains the names and addresses of all persons to whom all property is assessed as they appear on the latest available assessment roll of the County of Riverside within the area described and for a distance of three hundred feet (300') from the exterior boundaries of property legally described as:

I/we certify (or declare under penalty of perjury under the laws of the State of California) that the foregoing is true and correct.

Print Name

Signature

Date



VARIANCE (SUPPLEMENTAL APPLICATION)

VARIANCE REQUIREMENTS

1. What special conditions and circumstances exist which are peculiar to the land or building and are not applicable to other properties in the same district?

2. If the Zoning Ordinance is strictly applied, what practical difficulty or unnecessary hardship would result or what rights, shared with other properties in the same district, could the applicant be deprived of?

3. State how the special circumstances do not result from the actions of the applicant.

4. Why won't this proposal result in any special privilege that is denied to other properties in the same district?