



Conditional Use Permit

SUBMITTAL CHECKLIST:

Please ensure that you have read through the items below and mark whether you have included it in your submission (Y = Yes, N = No, N/A = Not Applicable).

Y	N	N/A	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review Fees/Deposits - See Master Fee Schedule
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed Application Form
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewer Intake Form (not required for wireless facilities)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project Information Form (TIF is not required for WTF)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site Plans (provided on a flash drive AND an online link to all documents)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Project location, legal description, and Assessor's Parcel Number (APN)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Lot size (square footage, acres)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Property owner's name and address
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Name of person/firm who prepared the plans & preparation date (indicate Architect/Engineer)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Provide a Vicinity Map & North Arrow
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Boundaries of subject property with dimensions & setbacks between property lines & buildings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. All existing & proposed buildings & structures (including freestanding signs)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Distance between buildings & structures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I. Provide property zoning/land use and adjacent zoning/land use or the applicable Sectional Planning Area (SPA)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J. Provide use and square footage for each building
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. List number of existing/proposed dwelling units, types of dwelling units (Single Family, Multi-Family), number of bedrooms, density.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L. Show existing and proposed walls, fences, etc. (indicating height, design, materials)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M. Parking Layout: existing parking, required parking calculation, dimensions of parking spaces, pedestrian pathways, and/or loading area(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N. Identify if parking is shared and/or assigned parking and the number of spaces
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O. For multi-tenant site, provide a Parking Table with the following information: tenant's name, suite number, business type, and hours of operation to verify available parking at any given time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P. Label adjacent streets, alleys, properties & structures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q. Hours of operation for the business
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R. Total number of employees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S. Identify tenant location within existing/proposed building, suite number



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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T. Identify existing/proposed trash enclosure Refer to Recycling and Solid Waste Planning Manual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U. Additional information to be provided on Site Plans (by use):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	○ Alcohol (beer/wine or hard liquor):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Label any outdoor/indoor dining to serve alcohol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Hours of operation for selling alcohol
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	○ Churches:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Operational profile with hours of operation of different uses on site (sanctuary, Sunday school, private school during week, evening classes, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Maximum seating capacity in sanctuary, number of church services provided each day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	○ Gym/Fitness Centers:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Overall total number of members attending gym/fitness center, average number of members at any one time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Provide a class schedule table with the following information: type of classes, time of classes, number of classes per day, maximum number of members
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	○ Private Schools/Tutoring/Classes (i.e. dance/karate/language classes, etc.):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Identify drop off area and hours of drop off/pick up
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Overall total number of students, number of students onsite at any given time, and number of employees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Provide a class schedule table with the following information: type of classes, time of classes, number of classes per day, maximum number of students
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	○ Temporary Sales Office:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Label/show location of sales office, temporary structures (gazebos, trellises, signs, and banners, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Label/show location of trap fencing, sign locations, and restrooms/porta potty
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Label interior use, square footage of each area or room of the building
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Existing/proposed trash enclosure detail – type and size of bins, dimensions labeled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Additional information to be provided on Floor Plans (by use):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Alcohol (beer/wine or hard liquor):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	▪ Label/show existing/proposed seating within bar/restaurant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Cell Sites/Carwashes:



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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Label/show equipment layout within enclosure/building, equipment type
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Churches:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> i. Label/show existing/proposed number of seats within sanctuary. For social hall without fixed seating, note total square footage of room/area.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Private Schools/Tutoring/Classes (i.e. dance/karate/language classes, etc.):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> i. Note number of students per classroom and show seating layout. Label any open instruction area with no fixed seating with total number of students per class.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elevations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Building Elevation- all sides (N, S, E, W), new paint color, minor changes (only for exterior changes). If no exterior changes, note this on the plans.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Label all building materials and paint colors for each elevation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Label height of building/enclosures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Proposed trash enclosure – building material, height (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Additional information to be provided on Elevations (by use):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Alcohol (beer/wine or hard liquor):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ○ Proposed fencing around outdoor seating area- material, height (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Cell Sites:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ○ Photo simulation of proposed antennas and equipment enclosure.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ▪ Temporary Sales Office:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> ○ Elevations of signs, trap fencing, fencing around porta potty
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Conceptual Landscape Plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Provide any landscape improvements, existing/proposed irrigation, planting, hardscape or note there will be no changes to the site landscaping.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Statement of Compliance with Landscape Water Conservation MC20.12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Landscape Self-Certification Pilot Program (informational)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Landscape Self-Certification Agreement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Environmental/Technical Studies (based upon project scope)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Noise/Acoustical Study (carwashes, mixed-use, major roadway adjacent, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Biology Study (> 1 acre of impact or sensitive habitat)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Paleontological/Cultural Study (vacant land)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Air Quality/Greenhouse Gas Emissions Study (> 50 residential units and/or > 900 metric tons of CO2 for non-residential square footage)



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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Lighting/Photometric Plan (sports fields, parks, adjacent to sensitive habitat, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Phase 1 Environmental Analysis (vacant land, former gas stations, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Transportation Study (increase in trips)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Existing and proposed coverage map (cell sites)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engineering Reports
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Drainage Report
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Geotechnical Report/Soils Report
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Storm Water Quality Management Plans (SWQMP) - if applicable from Storm Water Applicability Checklist