



COUNTY OF SAN BENITO RESOURCE MANAGEMENT AGENCY

PLANNING
DEPARTMENT

2301 Technology Parkway
Hollister, CA 95023

Phone : (831)637-5313
E-mail: sbcplan@cosb.us

PROJECT APPLICATION

This application is for (check all that apply)
If request is not listed, please describe here:

Accessory Dwelling Unit	Appeal: Staff Decision
Appeal: Planning Commission	Building Site Review
Certificate of Compliance	C-District Review
Design Review	General Plan Amendment
Hillside Design Review	Lot Line Adjustment
M-District review	Major Subdivision (5-50) Lots
Major Subdivision 51 or more lots	Minor Subdivision (No sewer/water)
Minor Subdivision (Sewer/Water)	Permit Extension
Preliminary Review Letter	Scenic Highway Review
Senior Dwelling Unit	Temporary Use Permit
Special Plan Review	Specific Plan
Use Permit	Use Permit Amendment
Use Permit Renewal	Sign Permit
Variance	Zone Change

1. **Owner(s) Name:** _____

Address: _____ City: _____ State: _____

Telephone: _____ Zip Code: _____

2. **Applicant's/ Agent's Name:** _____

Address: _____ City: _____ State: _____

Telephone: _____ Zip Code: _____

3. **Property Address and Nearest Cross Street:**

4. **Assessor's Parcel Number:** _____

5. **Current Zoning:** _____ **General Plan Designation:** _____

6. **Property area (acres or square feet)** _____

7. Describe the proposed project:

8. REZONING OR AMENDMENT ONLY: The applicant wishes to amend Section _____ of the San Benito County Code, from a _____ Zoning District to a _____ Zoning District or some other classification.

9. GENERAL PLAN AMENDMENT ONLY: Describe the proposed amendment

10. SUBDIVISION INFORMATION ONLY:

Existing Number of Lots _____ Proposed Number of Lots _____
Existing Lot Size(s) _____ Proposed Lot Sizes _____

11. LOT LINE ADJUSTMENT INFORMATION ONLY:

What is the purpose of the adjustment:

Number of Parcels included in Adjustment _____

Will the adjustment relocate a building area? _____

Existing Parcel Sizes: _____

Proposed Parcel Sizes: _____

Are all parcels under same ownership? _____

12. VARIANCES ONLY: Describe the Variance request

Describe any exceptional or extraordinary circumstances applying to the property involved that qualifies the property or project for a Variance:

13. Residential Construction: Check all that Apply

Single Family Dwelling _____ Multi-Family Dwelling _____ Addition _____ Accessory Dwelling _____

Attached _____ Detached _____

Existing Square footage _____

No of covered parking spaces _____

Proposed Square Footage _____

No. of uncovered parking spaces _____

14. Commercial or Industrial Development:

No. of employees _____
No. of existing parking spaces _____ No. of proposed parking spaces _____
No. of Loading Spaces _____ Hours of Operation: _____
Any hazardous materials manufactured or used on site? _____
If yes, what types? _____

15. Will grading or filling be required: YES _____ NO _____ If yes, list cubic yards _____

16. Will the project require development on slopes greater than 20%? YES _____ NO _____

17. Will any trees be removed? YES _____ NO _____

If yes, list number, size and type _____

18. How will water be supplied: Wells _____ Mutual System _____

19. How will wastewater be removed from the site: Septic Tank _____ Mutual System _____

20. Is the property currently used for Agricultural purposes: YES _____ NO _____

21. Is this land under Williamson Act Contract: YES _____ NO _____

AFFIDAVIT

I hereby consent to and make application for the above referenced land use action(s) and certify that the information and exhibits submitted herewith are true and correct to the best of my knowledge. I further acknowledge that the burden to justify approval of this request is mine alone, and that neither the County staff nor the County officials are under any obligation to support or approve the requests contained herein.

Owner Signature Date

Applicant/Agent Signature Date

If there are multiple property owners, please attach a consent letter for each owner.

PLANNING DIVISION USE ONLY

Date Submitted: _____ *Expiration of 30-day review Period:* _____
Date of Environmental Determination: _____ *ND MND EIR EXEMPT CLASS:* _____
Fault Zone: _____ *Fire Hazard Severity:* _____
Habitat Conservation Fee Area: _____ *Flood Zone:* _____ *Culturally Sensitive:* _____
HOA Approval Required : _____ *Planner Assigned* _____