



PLANNING GENERAL APPLICATION

Project Address/Location		APN:	
Project Name		General Plan Designation	Zoning District
Applicant Name		Phone	
Applicant Address	City	State	Zip
Applicant E-Mail			
Property Owner Name		Phone	
Property Owner Address	City	State	Zip
Property Owner E-Mail			
Representative Name <input type="checkbox"/> Engineer <input type="checkbox"/> Architect <input type="checkbox"/> Other		Phone	
Representative Address	City	State	Zip
Representative E-Mail			
PROJECT INFORMATION			
Existing Use: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Vacant			
Proposed Use: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Vacant			
Parcel size	Existing Floor Area	Existing Footprint Area	Landscape Sq. Ft.
# of Buildings	Proposed Floor Area	Proposed Footprint Area	# of Parking Spaces
Detailed Project Description <i>(Attach additional pages if necessary):</i>			
OWNER/AGENT STATEMENT			
<p>Property Owner Consent – I am the legal owner of record of the land specified in this application or am authorized and empowered to act as an agent on behalf of the owner of record on all matters relating to this application. I declare that the foregoing is true and correct and accept that false or inaccurate owner authorization may invalidate or delay action on this application.</p> <p>The project applicant agrees to defend, indemnify and hold harmless the City, its City Council, its officers, boards, commissions, employees and agents from and against any claim, action, or proceeding brought by a third party to attack, set aside, or void the project approval or any permit authorized for the project, including reimbursing the City its attorneys fees and costs incurred in defense of the project.</p>			
Property owner signature: _____ Date: _____			
The Livermore Development Code allows up to 30 days for the assigned planner to deem an application complete. An application must be deemed complete before proceeding to a hearing or staff-level decision.			
APPLICATION REFERRAL – STAFF USE ONLY			
The attached project plans and application materials are hereby forwarded to you department for review and comment. Your suggestions and applicable requirements/regulations are needed by the date shown below. Please do not return plan sets.			
Staff Planner:		Primary Application No:	
Date Sent:	Please Return By:	Project Review Date:	
<input type="checkbox"/> Building Division	<input type="checkbox"/> Economic Development – Arts	<input type="checkbox"/> Livermore School District	
<input type="checkbox"/> Engineering Division – Development	<input type="checkbox"/> Housing & Human Services – Housing	<input type="checkbox"/> Livermore Parks District:	
<input type="checkbox"/> Engineering Division – Transportation	<input type="checkbox"/> Public Services – Maintenance	<input type="checkbox"/> Livermore Sanitation	
<input type="checkbox"/> Fire Prevention	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> Alameda County Zone 7	
<input type="checkbox"/> Water Resources Division	<input type="checkbox"/> Airport	<input type="checkbox"/> Other:	
<input type="checkbox"/> Police Department	<input type="checkbox"/> Outside agencies (see attached)		
Referral Response:	<input type="checkbox"/> Comments attached in Accela		<input type="checkbox"/> No Comments
Name/Department:	Date:		

APPLICATION TYPE – STAFF USE ONLY

Accessory Dwelling Unit	ADU _____	Annexation/Pre-Zoning	ZMA _____	Subdivision	SUB _____
Certificate of Appropriateness	COA _____	Development Agreement	DA _____	<input type="checkbox"/> TPM <input type="checkbox"/> VTPM <input type="checkbox"/> PMW	
*See COA Application		Amendment to DA	DAA _____	<input type="checkbox"/> TTM <input type="checkbox"/> VTTM	
Conditional Use Permit	CUP _____	Development Code Amend.	DCA _____	Map Number: _____	
CUP Modification	CUPM _____	Housing Implementation	HIP _____	SUB Amendment	SUBA _____
Downtown Design Review	DDR _____	<input type="checkbox"/> HIP Amendment	HIPA _____	Temporary Use Permit	TUP _____
DDR Modification	DDRM _____	Lot Line Adjustment	LLA _____	<input type="checkbox"/> Model Home Complex, including sales office/trailer, construction trailer, and home.	
Site Plan Design Review	SPDR _____	Move Permit	MOVE _____	<input type="checkbox"/> Seasonal Sales Lot	
SPDR Modification	SPDRM _____	Out of Area Service Agmt.	OASA _____	<input type="checkbox"/> Non-profit organization	
Tree Removal Permit	TREE _____	Planned Development	PD _____	Zoning Clearance	ZC _____
Variance	VAR _____	<input type="checkbox"/> PD Amendment		Zoning Use Permit	ZUP _____
Variance - Minor	VARM _____	Other _____		*See Large Family Daycare application	

APPLICATION FEES – STAFF USE ONLY

	Base Fee:	\$
Date Received:	Multiple Applications (Less 10% of Base Fee):	\$
Received By:	Environmental Filing Fee:	\$ +50.00 =
Receipt Number:	Total Fees Due:	\$
CEQA:	Total Fees Paid:	\$
	Balance Owed:	\$

SUBMITTAL CHECKLIST – STAFF USE ONLY

Item	Received	Item	Received
Application		Reductions (8½" x 11")	
Development Plans		Electronic copy of Development Plans	
Tentative Tract/Parcel Map		Legal Description	
Plot Plan		Title Report	
Landscape Plans		Geotechnical Report for TTM/PM	
Project Description/Proposal		Scenic Corridor/School Mitigation Info.	
Site Photographs		SLVSP Project Information	
Colors/Materials Board		Environmental Assessment Form	
Project Justification Letter			
Impervious Service Worksheet (for projects with any amount of new or replaced impervious surface)			

INTAKE NOTES – STAFF USE ONLY

Planner:	Date:
Notes:	