



**COMMUNITY DEVELOPMENT DEPARTMENT  
PLANNING DIVISION  
DEVELOPMENT APPLICATION FORM**

1000 Spring Street  
Paso Robles, CA. 93446  
Phone: (805) 237-3970  
Fax: (805) 237-3904  
planning@prcity.com

**GENERAL INFORMATION REQUIRED**

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax # \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Representative: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax # \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Email: \_\_\_\_\_

**PROJECT DESCRIPTION**

Assessor's Parcel Number(s) \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

**OWNER / APPLICANT AUTHORIZATION**

**APPLICANT / REPRESENTATIVE:** I have reviewed this completed application and the attached material. The information included with this application is true and correct to the best of my knowledge. **I am submitting the project description, site plan, and elevations for this project on a CD, a flash drive, or emailed to the City with all graphics/illustrations in PDF or JPEG format.** I understand the city might not approve what I am applying for, or might set conditions of approval.

**PROPERTY OWNER / AUTHORIZED AGENT:** I certify that I am presently the legal owner of the above described property. Further, I acknowledge the filing of this application and certify that all of the above information is true and accurate. I understand that I am responsible for ensuring compliance with conditions of approval. (If the undersigned is different from the legal property owner, a letter of authorization must accompany this form). I hereby authorize the City of Paso Robles and/or its designated agent(s) to enter onto the subject property to confirm the location of existing conditions and proposed improvements, including compliance with applicable City code requirements.

By signing this application I certify that I have reviewed this completed application and the attached material and consent to its filing. I agree to allow the Community Development Department to duplicate and distribute plans to interested persons as it determines is necessary for the processing of the application.

\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Signed Date

BELOW AREA FOR OFFICE USE ONLY

**Notes to File / Staff Notes:**

**Action / Body / Date:**

\_\_\_\_\_  
\_\_\_\_\_  
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THIS AREA FOR OFFICE USE ONLY

**DEPOSIT APPLICATIONS**

- General Plan Amend.
- Rezone
- Conditional Use Permit
- Development Plan
- Tentative Tract Map
- Tentative Parcel Map
- Lot Line Adjustment
- \_\_\_\_\_

APPLICATION NO. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**FEE APPLICATIONS**

- Site Plan Rev. Major (\$600)
- Site Plan Rev. Minor (\$200)
- Sign Review (\$20)
- \_\_\_\_\_
- \_\_\_\_\_

APPLICATION NO. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Total Deposit Paid \$ \_\_\_\_\_  
(G.L. # 406-000-2304-209)

Total Fees Paid \$ \_\_\_\_\_  
(G.L. # 100-000-4704)

Application Received By: \_\_\_\_\_

Date: \_\_\_\_\_

**AGREEMENT TO PAY ALL DEVELOPMENT APPLICATION FEES**

In accordance with City Council Resolutions 03-66 and 06-128, the City collects fees based on the actual cost of providing service. The application deposit for this project (as indicated below) may not cover the total cost of processing this application. I am aware that if greater than 75 percent of the application deposit amount is depleted prior to completion of the project, staff will notify the undersigned, in writing, of the amount of additional deposit required to complete processing of the application, based on staff's reasonable estimate of the hours remaining to complete this application process.

Further, I understand that if I do not submit the required additional deposit to the City within 15 days from the date of the letter, staff may stop processing of the application and/or not schedule the project for action by the Planning Commission or City Council. Any remaining deposit will be refunded to me at the time of closeout after I have submitted the approved project plans and forms electronically, or upon my written request to formally withdraw the application.

If I am applying for an appeal of a Planning Commission action, I understand that the total costs of processing an appeal (preparation of a staff report, printing, and public notices) may be substantially more than the amount of deposit, particularly if the appeal addresses several issues.

As the applicant, I understand that I am responsible for the cost of processing this application and I agree that the actual time spent processing this application will be paid to the City of El Paso de Robles.

Deposit Paid: \$ \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
(Please Print)