



**CITY OF ARROYO GRANDE
COMMUNITY DEVELOPMENT DEPARTMENT
MINOR PROJECT APPLICATION**

The purpose of this form is to advise the City of the basic components of the proposed project so that the City can accurately evaluate the proposal for compliance with applicable ordinances and policies. **Providing accurate and complete information and plans will help ensure prompt processing of this application.** Use additional sheets when necessary. Please be aware that applications that are inconsistent with the City's General Plan or Development Code will not be accepted as complete. The City is available to assist in filling out this form; please refer any questions to the Community Development Department and we will be happy to assist you.

FOR STAFF USE ONLY			
DATE SUBMITTED	DATE DEEMED COMPLETE	CHECKED BY	CASE NUMBER

COMPLETION OF THIS FORM IS NECESSARY FOR THE FOLLOWING APPLICATIONS. PLEASE INDICATE TYPE OF APPLICATION(S) YOU ARE REQUESTING:	
<input type="checkbox"/> Architectural Review <input type="checkbox"/> Certificate of Compliance <input type="checkbox"/> Historic Resource Designation <input type="checkbox"/> Large Family Day Care <input type="checkbox"/> Lot Line Adjustment <input type="checkbox"/> Lot Merger <input type="checkbox"/> Minor Exception	<input type="checkbox"/> Plot Plan Review <input type="checkbox"/> Pre-Application Review <input type="checkbox"/> Reversion to Acreage <input type="checkbox"/> Temporary Use Permit <input type="checkbox"/> Time Extension <input type="checkbox"/> Viewshed review
INFORMATION TO BE SUBMITTED WITH THIS APPLICATION:	
A. Refer to the checklist (available from the Community Development Department) for those items required to be submitted for each type of project.	B. Include any other information that will help to explain your proposal or better clarify your particular situation.

I. GENERAL INFORMATION

Applicant:	Phone:			
Applicant's Address:	Email:			
Representative:	Phone:			
Representative's Address:	Email:			
Property Owner:	Phone:			
Owner's Address:	Email:			
Architect (if any):	Phone:			
Architect's Address:	Email:			
Engineer (if any):	Phone:			
Engineer's Address:	Email:			
Please indicate if <u>all</u> correspondence should be sent to:				
<input type="checkbox"/> Applicant	<input type="checkbox"/> Representative	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Architect	<input type="checkbox"/> Engineer



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III. COMPLETE THIS SECTION FOR LARGE FAMILY DAY CARE PERMITS, PLOT PLAN REVIEWS, AND TEMPORARY USE PERMITS ONLY. NOT REQUIRED FOR SHORT TERM RENTAL APPLICATIONS (VACATION RENTALS AND HOMESTAYS).

1. Indicate the proposed hours of operation (DAYS AND TIMES):			
2. Estimate the number of employees:			
Total:	Maximum Shift:	Time of Maximum Shift:	
3. Indicate the number of patrons, clients, customers, etc. anticipated:			
Average per day:		Peak Hours:	
4. Number of off street parking spaces to be provided: (if applicable show breakdown as to use)			
Total:	Garage (enclosed):	Covered:	Open:
5. Describe any night-time lighting that will be provided, including the type of lighting to be installed:			

IV. COMPLETE THIS SECTION FOR CERTIFICATES OF COMPLIANCE, LOT LINE ADJUSTMENTS, AND LOT MERGERS ONLY

Number of existing lots:
Size of existing lots (in square feet):
Number of proposed lots:
Size of proposed lots (in square feet):



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V. COMPLETE THIS SECTION FOR ALL PROJECTS

Due to recent interpretation and legal amendments to the Political Reform act of 1974, the City needs to be aware of all entities (i.e. corporations, lending institutions, etc.) or individuals that may have a financial interest in the proposed project. All LLCs shall provide relevant Articles of Incorporation in order to disclose all financially interested entities. Please complete the following certification and provide your signature:

The following entities and/or individuals have financial interests in this project:	

<p>APPLICANT/REPRESENTATIVE:</p> <p>I certify under penalty of perjury that the foregoing statements and answers herein made and all data, information, and evidence herewith submitted are in all respects, to the best of my knowledge and belief, true and correct. I understand that the submittal of incorrect or false information is grounds for invalidation of application completeness determination or approval. I understand that the City might not approve what I am applying for, or might set conditions of approval.</p> <p>X _____ Signed Date</p>	<p>PROPERTY OWNER/AUTHORIZED AGENT:</p> <p>I certify under penalty of perjury that I am the owner of the property that is the subject of this application and that I have read this completed application and consent to its filing. (If signed by the authorized agent, a letter from the property owner must be provided indicating that the agent is authorized to act on his/her behalf.)</p> <p>X _____ Signed Date</p>
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