City of Santa Barbara

ARCHITECTURAL BOARD OF REVIEW (ABR)
PLAN SUBSTITUTION COVER SHEET

For Staff Use Only:
- ☐ Zoning Recheck Required
- ☐ Transportation Recheck Required
- ☐ GPU Recheck

(Plan substitutions are plans submitted to replace plans already submitted for a given hearing date.
Plan substitutions are only allowed under certain circumstances, consult ABR Staff for more information.)

DATE:_____

PROJECT STREET ADDRESS:_____

DATE OF PENDING HEARING:_____ **MST #:** _____

ITEMIZE CHANGES MADE SINCE LAST REVIEW OR SUBMITTAL: ***(*All requests for plan substitution must be approved by Staff.*)***

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PLEASE INDICATE IF THE CHANGES ITEMIZED ABOVE AFFECT ANY OF THE FOLLOWING DESIGN ELEMENTS.

☐ **Response to Previous Comments**	☐ **Landscaping**
☐ **Complete Redesign**	☐ **Project Size (Square Footage)**
☐ **Site Plan / Setbacks / Open Yard**	☐ **Scope of Project (Additional Work)**
☐ **Elevations**	☐ **Grading Quantities**
☐ **Building Height / Solar Height**	☐ **Fenestration Only**
☐ **Parking Layout**	☐ **Details**
☐ **Other** *(fill-in above)*	

I understand that I am responsible to ensure that all plan changes have been listed above, are rechecked as part of this plan substitution request, and that new plans may require additional review by City Planning or Transportation Staff to verify if design changes have occurred which may affect project approval.

SIGNATURE OF PROPERTY OWNER/AUTHORIZED AGENT: _____

PRINT NAME: _____

PHONE:_____ **EMAIL:** _____

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