



City of Santa Barbara MASTER APPLICATION

*** STAFF USE ONLY ***	
MST 20	_____
BLD 20	_____
PBW 20	_____
SGN 20	_____
Other	_____

LDT Fee _____ Initials: _____

Project Address: _____

A.P.N./Street Segment ID: _____ Land Use Zone: _____

Existing Condition/Current Use _____

- New
 Addition
 Remodel
 Repair
 Demo
 Change of Use
 Grading
 Other
 Residential: # of Bldgs. _____ # of Stories _____ # of Units _____
 Commercial: # of Bldgs. _____ # of Stories _____ Const. Type _____

BLD/MST/SGN Project Description: _____

Proposed Use/Occupancy: _____ Construction Valuation \$: _____

- Constr.
 D&C
 Encroachment
 Haul Route
 O.D.L.A.
 Parking Waiver
 Water Course
 Wells
 Other

PBW Project Description: _____

_____ Valuation \$: _____

IMPORTANT: Please check box next to name of person listed below whom we should contact regarding this application.

Owner of Property: _____
(Name) (Mailing Address) (City, State, Zip)

E-mail Address: _____ Phone: _____

Applicant: _____
(Name) (Mailing Address) (City, State, Zip)

E-mail Address: _____ Phone: _____

Architect/Designer: _____
(Name) (Mailing Address) (City, State, Zip)

E-mail Address: _____ Phone: _____

Engineer: _____
(Name) (Mailing Address) (City, State, Zip)

E-mail Address: _____ Phone: _____

Contractor: _____
(Name) (Mailing Address) (City, State, Zip)

E-mail Address: _____ Phone: _____

Tenant/Other (specify): _____
(Name) (Mailing Address) (City, State, Zip)

E-mail Address: _____ Phone: _____

Proposed Size

- New Commercial Building: _____ sq. ft.
- New Residential Building: _____ sq. ft.
- Addition: _____ sq. ft.
- Remodel/Tenant Improvement: _____ sq. ft.
- Carport/Patio Cover: _____ sq. ft.
- New Deck: _____ sq. ft.
- New Fencing: _____ sq. ft.
- New Paving: _____ sq. ft.
- Grading: _____ cu. yd.
- Other (specify): _____

Existing Size

- Lot: _____ x _____ = _____ sq. ft.
- Main Building: _____ sq. ft.
- Other (specify): _____ sq. ft.

PLANNING STAFF USE ONLY

- ARCHITECTURAL BOARD OF REVIEW (ABR)
 COASTAL REVIEW: EXCLUSION, EXEMPTION OR REC. TO CCC
 ENVIRONMENTAL REVIEW
 HISTORIC LANDMARKS COMMISSION REVIEW (HLC)
 GENERAL PLAN SQUARE FOOTAGE ALLOCATION (GPU)
 PLANNING COMMISSION REVIEW (PC)
 PRE-APP. REVIEW TEAM (PRT)
 PROPERTY PROFILE (FOR COMMERCIAL PROPERTIES)
 SIGN COMMITTEE REVIEW
 SINGLE FAMILY DESIGN BOARD (SFDB)
 STAFF HEARING OFFICER (SHO)
 ZONING LETTER (TYPICALLY FOR FINANCIAL INSTITUTIONS)
 OTHER _____

I, the undersigned, understand approval of this project does not waive any requirements, laws, or ordinances of the City of Santa Barbara. All statements contained herein, including all documents and plans submitted in connection with this application, are true and accurate to the best of my knowledge.

I hereby authorize the above named contact person to act as my agent in all matters pertaining to this application.

Signature: _____ Date: _____
(Applicant)

Signature: _____ Date: _____
(Property Owner)