



City of Santa Barbara

PLANNING DIVISION ELECTRONIC SUBMITTAL COVER SHEET

Date: _____
 Fee: _____
 Staff: _____

DATE: _____ PLN, PRE, PRT OR SGN #: _____

SUBMITTAL FOR: ABR HLC SFDB SIGNS SHO PC OTHER

PROJECT STREET ADDRESS: _____

CONTACT NAME: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

SIGNATURE OF PROPERTY OWNER/AUTHORIZED AGENT: _____

DESIGN REVIEW SUBMITTAL	PC / SHO / OTHER REQUEST
<p><u>FULL BOARD/COMMISSION:</u></p> <p><input type="checkbox"/> CONCEPT CONTINUED</p> <p><input type="checkbox"/> PROJECT DESIGN</p> <p><input type="checkbox"/> IN-PROGRESS</p> <p><input type="checkbox"/> FINAL</p> <p><input type="checkbox"/> REVIEW AFTER FINAL</p> <p><u>CONSENT CALENDAR:</u></p> <p><input type="checkbox"/> CONTINUED</p> <p><input type="checkbox"/> PROJECT DESIGN</p> <p><input type="checkbox"/> FINAL</p> <p><input type="checkbox"/> REVIEW AFTER FINAL</p> <p><input type="checkbox"/> CONTINUED</p> <p><input type="checkbox"/> <u>ADMINISTRATIVE REVIEW</u></p> <p><input type="checkbox"/> <u>ARCHAEOLOGICAL RESOURCES REPORT/ HISTORIC STRUCTURES/SITES REPORT</u></p>	<p><u>PC OR SHO:</u></p> <p><input type="checkbox"/> INITIAL PC OR SHO SUBMITTAL</p> <p><input type="checkbox"/> PC OR SHO RESUBMITTAL</p> <p><input type="checkbox"/> SUBSTANTIAL CONFORMANCE DETERMINATION</p> <p><input type="checkbox"/> OTHER _____</p> <p><u>PRE-APPLICATION / OTHER SERVICES:</u></p> <p><input type="checkbox"/> COASTAL EXEMPTION / EXCLUSION SUBMITTAL</p> <p><input type="checkbox"/> PRT INITIAL SUBMITTAL</p> <p><input type="checkbox"/> PRT RESUBMITTAL</p> <p><input type="checkbox"/> MODIFICATION PRE-CONSULTATION REQUEST</p> <p><input type="checkbox"/> PLANNER CONSULTATION REQUEST</p> <p><input type="checkbox"/> PRELIMINARY ZONING PLAN CHECK SUBMITTAL</p> <p><input type="checkbox"/> REVIEW FOR HISTORIC ASSESSMENT</p> <p><input type="checkbox"/> ZONING CLEARANCE REQUEST</p> <p><input type="checkbox"/> ZONING LETTER REQUEST</p> <p><input type="checkbox"/> OTHER _____</p>

ADDITIONAL INFORMATION (IF NEEDED):
