



# Planning Application

Community Development Department  
 500 Castro Street  
 Post Office Box 7540  
 Mountain View, CA 94039-7540  
 PH: 650-903-6306  
 www.mountainview.gov

## STAFF TO COMPLETE THIS SECTION

Application Type	Receipt Code	Application Fee	Application No.
Index Code: 211102			Address
<b>Current Planning</b>		Subobject: 42707	Zoning
<input type="checkbox"/> Development Review Permit	CDDRC	\$	APN
<input type="checkbox"/> Conditional Use Permit	CDCUP	\$	
<input type="checkbox"/> Heritage Tree Removal Permit	PLHTRE	\$	Date Stamp
<input type="checkbox"/> Planned Community Permit	CDPCP	\$	
<input type="checkbox"/> Planned Unit Development	CDPUD	\$	
<input type="checkbox"/> Sidewalk Café Permit	PLCAFE	\$	
<input type="checkbox"/> Sign Permit	PLSIGN	\$	
<b>Land Subdivision</b>		Subobject: 42763	
<input type="checkbox"/> Lot Line Adjustment	CDLADJ	\$	
<input type="checkbox"/> Lot Merger	CDMERC	\$	
<input type="checkbox"/> Parcel Map – less than 5 lots	CDMAP	\$	
<input type="checkbox"/> Tentative Map – 5 or more lots	CDMAP	\$	
<b>Advance Planning</b>		Subobject: 42707	Briefly Describe Proposal:
<input type="checkbox"/> General Plan Amendment	CDAMEN	\$	
<input type="checkbox"/> Rezoning	CDAMEN	\$	
<input type="checkbox"/> Zoning Text Amendment	CDAMEN	\$	
Planning Services Reimbursement – JL		\$	
<input type="checkbox"/> Other _____		\$	
Receipt #	TOTAL	\$	

## APPLICANT/PROPERTY OWNER TO COMPLETE THIS SECTION

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I agree to allow the City of Mountain View to copy and distribute all project plans, materials, and information and post on the official City of Mountain View web site, as necessary for the project approval process, including public hearings.

Signature of Applicant (*Wet Signature Required*) \_\_\_\_\_ Date \_\_\_\_\_

Name of Legal Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I declare, under penalty of perjury, that in securing this permit, I am the owner of this property and that the statements herein and all information herewith submitted are, to the best of my knowledge and belief, true and correct.

Signature of Property Owner (*Wet Signature Required*) \_\_\_\_\_ Date \_\_\_\_\_

## AGREEMENT TO PAY FEES

I (we) hereby agree to pay all personnel and related direct and indirect costs for the review and processing of application(s) for the subject project, at such time as requested by the Community Development Director. Direct costs include, but are not limited to, review of project application(s) for completeness by all applicable City departments; telephone or written communication with applicant/property owner/architect, engineer, noticing, outside consultants, etc.; preparation of staff reports; administrative charges; and attendance by staff at public hearings.

Deposits paid at the time of application are estimates of the minimum amount of staff time and other costs required to process an application. In the event the deposit is not sufficient to reimburse the City for the processing of its application, the applicant shall provide additional deposits to the City for planning services to complete the processing of its application. The City shall not perform any further planning services with respect to the application until the applicant provides all necessary deposits. No interest shall accrue on amounts deposited. Any unexpended funds will be returned to the applicant(s).

Furthermore, I (we) hereby agree to hold the City harmless from all costs and expenses, including attorneys' fees, incurred by the City, including, but not limited to, all costs in the City's defense of its actions in any proceeding brought in any State or Federal Court challenging the City's actions with respect to my (our) project.

I (we) hereby certify that the information stated on forms, plans, and other materials submitted herewith in support of the application is true and correct to the best of my knowledge. It is my (our) responsibility to inform the City, through the assigned project planner, of any changes to information represented in these submittals.

Date: \_\_\_\_\_ Signature:\* \_\_\_\_\_ Printed Name: \_\_\_\_\_  
*\*Photocopies or facsimiles not acceptable.*

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Please attach calculation sheets, available at the Community Development Department, and any other project-related information to this application. Please contact the Planning Division at 650-903-6306 if you need additional information regarding required application materials.**

**List separately, the name, address, and phone number of all legal property owner(s) of all parcel(s) involved:**

**APN:** \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**APN:** \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**APN:** \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**BUSINESS OWNER(S) TO COMPLETE THIS SECTION**

**All business owners must sign the application and provide contact information as requested below.**

I declare, under penalty of perjury, that I shall not submit more than one (1) application and that no business of which I am an owner or operator shall submit more than one (1) application. I agree to allow the City of Mountain View to copy and distribute all project plans, materials, and information and post on the official City of Mountain View website, as necessary for the project approval process, including public hearings.

**Name:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Business Owner (*Wet Signature Required*) \_\_\_\_\_ Date \_\_\_\_\_

**Name:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Business Owner (*Wet Signature Required*) \_\_\_\_\_ Date \_\_\_\_\_

**Name:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Business Owner (*Wet Signature Required*) \_\_\_\_\_ Date \_\_\_\_\_

**Name:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Business Owner (*Wet Signature Required*) \_\_\_\_\_ Date \_\_\_\_\_

**Name:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Business Owner (*Wet Signature Required*) \_\_\_\_\_ Date \_\_\_\_\_

**Name:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Business Owner (*Wet Signature Required*) \_\_\_\_\_ Date \_\_\_\_\_

**Name:** \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Business Owner (*Wet Signature Required*) \_\_\_\_\_ Date \_\_\_\_\_