APPENDIX B

AGENCY REVIEW FORM

SECTION 1 (TO BE COMPLETED BY APPLICANT OR AGENT)

Applicant _____

Project Description _____

Location _____

Assessor Parcel Number _____

SECTION 2 (TO BE COMPLETED BY THE AGENCY)

Zoning Designation _____ dwelling units/acre

General or Community Plan Designation _____dwelling units/acre

Local Coastal Program Amendment ☐ Required ☐ Submitted to Coastal Commission

DISCRETIONARY APPROVALS

☐ Proposed development meets all zoning requirements. No further permits required other than building permits.

☐ Proposed development requires local discretionary approvals. **CHECK ALL APPLICABLE requirements below. Attach a copy of each approval.**

Design/Architectural
☐ Required ☐ Applicant Submitted ☐ Review Complete

Variance for (describe) _____
☐ Required ☐ Applicant Submitted ☐ Review Complete

Zoning change (describe) _____
☐ Required ☐ Applicant Submitted ☐ Review Complete

Tentative Subdivision/Parcel Map No. _____
☐ Required ☐ Applicant Submitted ☐ Review Complete

Grading/Land Dev. Permit No. _____
☐ Required ☐ Applicant Submitted ☐ Review Complete

Planned Residential/ Commercial Development Approval
☐ Required ☐ Applicant Submitted ☐ Review Complete

Site Plan Review
☐ Required ☐ Applicant Submitted ☐ Review Complete

Condominium Conversion Permit No. _____
☐ Required ☐ Applicant Submitted ☐ Review Complete

Conditional, Special, or Major Use Permit No. _____
☐ Required ☐ Applicant Submitted ☐ Review Complete

Other (describe) _____
☐ Required ☐ Applicant Submitted ☐ Review Complete

CEQA COMPLIANCE

Type (Exempt, Categorically Exempt, Mitigated Negative Declaration, EIR, etc.)

_____

Statutory or Guideline Section Relied On _____

State Clearinghouse or other Document No._____

Action or Adoption Date _____

CERTIFICATION

Prepared for the State of California or the City/County of

_____ by (print name)

_____ Title

Signature_____

Date _____