

Planning & Community Preservation Department

PLANNING DIVISION APPLICATION CHECKLIST

WWW.VISALIA.GOV • 559-713-4359 • 315 E ACEQUIA AVE, VISALIA, CA 93291

APPLICATION CHECKLIST

Please verify that you have submitted the required documents with your application.

This is a general overview, please refer to your SPR comments for more information. If additional items are needed, a Planner will contact you.

<u>Application and documents may be submitted via PDF emailed to Planning@visalia.gov or in-person</u> on a flash drive.

ш			
ш			
ш			
ш			
ш			

Shaded box indicates that item is not required with application submittal.*

		Application									
Required Items*	Annexation	Change of Zone	Conditional Use Permit / Amendments to CUP	General Plan Amendment	Historic Preservation Advisory Committee (HPAC)	Lot Line Adjustment	Specific Plan Amendment	Temporary Conditional Use Permit (TCUP)	Tentative Parcel Map	Tentative Subdivision Map	Variance/Exception
Complete Planning Application											
Applicable Fees											
Operational Statement											
Notarized Agency Authorization (if applicable)											
Site Plan											
Floor Plan											
Site Plan Review (SPR) required items (noise/traffic/environmental studies, etc.)											
Building Elevations											
Subdivision Map											
Proposed Land Use Maps											
Geographic description and map											
Copy of deed(s) of the property											
Conceptual Plans or Exhibits for proposed project associated with request (if applicable)											

^{*}Please note, a Planner may require any item on this list for any project.

	Application										
Required Items*	Annexation	Change of Zone	Conditional Use Permit / Amendments to CUP	General Plan Amendment	Historic Preservation Advisory Committee (HPAC)	Lot Line Adjustment	Specific Plan Amendment	Temporary Conditional Use Permit (TCUP)	Tentative Parcel Map	Tentative Subdivision Map	Variance/Exception
City of Visalia Business Tax Certificate											
Tulare County Environmental Health Permit (Mobile Food Vendors, etc.)											
Tulare County Restroom Verification form (Mobile Food Vendors, etc.)											
Sign Program (if sign variance/exception is requested)											
Title Report											
Supplemental Consent to Annex form A-1											
LAFCO forms E-8 and E-9											
Supplemental Exception form E-1											
Supplemental GPA and COZ form GC-1											
Supplemental HPAC form H-1											
Supplemental LLA form L-1											
Supplemental SPA form S-1											
Supplemental Variance Findings form V-1											

*Please note, a Planner may require any item on this list for any project.

The application completeness review process is up to a 30-day process. If all items on this checklist, including required SPR items, are not submitted, the application will be deemed incomplete and rejected. If all required items on this checklist, including SPR items, are submitted and determined to meet all requirements, the application shall be deemed complete and accepted for processing.

Questions?

Planning Hotline: 559-713-4359 Email: <u>Planning@visalia.gov</u>

Location: 315 E. Acequia Ave, Visalia 93292



Planning & Community Preservation Department

PLANNING DIVISION APPLICATION

Application and documents may be submitted via PDF emailed to Planning@visalia.gov or a flash drive in-person at the counter.

WWW.VISALIA.GOV ● 559-713-4359 ● 315 E ACEQUIA AVE, VISALIA, CA 93291

STAFF USE ONLY
DATE RECEIVED:

PLANNER:

PROJECT #:

CONDITIONAL USE PERMIT (CUP) AMENDMENT TO EXISTING CUP CHANGE OF ZONE LOT LINE ADJUSTMENT (LLA) TENTATIVE SUBDIVISION MAP ANNEXATION TEMPORARY CONDITIONAL USE PERMIT (TO TENTATIVE PARCEL MAP (TPM) GENERAL PLAN AMENDMENT HISTORIC PRESERVATION ADVISORY COMMITTEE (HPAC) TION 1: PROJECT MAIN CONTACT - APPLICANT/AGENT INFORMATION Name: Email: Organization/Title: Mailing Address: Statement: I will be the main contact and representative of the proposed project with City Staff during the processing of this application. I declare under penalty of perjury that all statements and documents submitted with this application are true and correct to the best of my knowledge. SIGNATURE: DATE: TION 2: PROPERTY OWNER INFORMATION Is Property Owner different from Project Main Contact? PROPERTY OWNER #1 Name: Mailing Address: Email: Phone: Property Owner #2 (if applicable). Name: Mailing Address: Email: Phone: Statement: I / We declare under penalty of perjury that I am / we are the legal owner(s) of the property involved in this application. I / We authorize the person named in this application as the Project Main Contact to act as my / our representative with City Staff regarding the processing of this application. SIGNATURE: DATE: SIGNATURE: DATE: SIGNATURE: DATE: SIGNATURE: DATE:	PERMIT APPLIC	CATION (CHECK	(ALL THAT APPLY)	
TENTATIVE SUBDIVISION MAP ANNEXATION GENERAL PLAN AMENDMENT OTHER: HISTORIC PRESERVATION ADVISORY COMMITTEE (HPAC) TION 1: PROJECT MAIN CONTACT - APPLICANT/AGENT INFORMATION Name: Organization/Title: Mailing Address: Statement: I will be the main contact and representative of the proposed project with City Staff during the processing of this application. I declare under penalty of perjury that all statements and documents submitted with this application are true and correct to the best of my knowledge. SIGNATURE: DATE: TION 2: PROPERTY OWNER INFORMATION Is Property Owner different from Project Main Contact? YES (complete this section) NO (SKIP to Sect PROPERTY OWNER #1 Name: Mailing Address: Email: Phone: Property Owner #2 (if applicable) Name: Mailing Address: Email: Phone: Statement: I / We declare under penalty of perjury that I am / we are the legal owner(s) of the property involved in this application. I / We authorize the person named in this application as the Project Main Contact to act as my / our representative with City Staff regarding the processing of this application. SIGNATURE: DATE:	CONDITIONAL	USE PERMIT (CUP)	VARIANCE/EXCEPTION	SPECIFIC PLAN AMENDMENT
TENTATIVE PARCEL MAP (TPM) GENERAL PLAN AMENDMENT OTHER: HISTORIC PRESERVATION ADVISORY COMMITTEE (HPAC) TION 1: PROJECT MAIN CONTACT - APPLICANT/AGENT INFORMATION Name: Corganization/Title: Mailing Address: Statement: I will be the main contact and representative of the proposed project with City Staff during the processing of this application. I declare under penalty of perjury that all statements and documents submitted with this application are true and correct to the best of my knowledge. SIGNATURE: DATE: TION 2: PROPERTY OWNER INFORMATION Is Property Owner different from Project Main Contact? YES (complete this section) NO (SKIP to Sect PROPERTY OWNER #1 Name: Mailing Address: Email: Phone: Property Owner #2 (if applicable) Name: Mailing Address: Email: Phone: Statement: I / We declare under penalty of perjury that I am / we are the legal owner(s) of the property involved in this application. I / We authorize the person named in this application as the Project Main Contact to act as my / our representative with City Staff regarding the processing of this application. SIGNATURE: DATE:	AMENDMENT T	O EXISTING CUP	CHANGE OF ZONE	LOT LINE ADJUSTMENT (LLA)
TION 1: PROJECT MAIN CONTACT - APPLICANT/AGENT INFORMATION Name: Email: Organization/Title: Phone: Mailing Address: Statement: I will be the main contact and representative of the proposed project with City Staff during the processing of this application. I declare under penalty of perjury that all statements and documents submitted with this application are true and correct to the best of my knowledge. SIGNATURE: DATE:	TENTATIVE SUI	BDIVISION MAP	ANNEXATION	TEMPORARY CONDITIONAL USE PERMIT (TC
TION 1: PROJECT MAIN CONTACT - APPLICANT/AGENT INFORMATION Name: Email: Phone: Mailing Address: Statement: will be the main contact and representative of the proposed project with City Staff during the processing of this application. declare under penalty of perjury that all statements and documents submitted with this application are true and correct to the best of my knowledge. SIGNATURE: DATE:	TENTATIVE PAR	RCEL MAP (TPM)	GENERAL PLAN AMENDMEN	т
Name: Organization/Title: Mailing Address: Statement: I will be the main contact and representative of the proposed project with City Staff during the processing of this application. I declare under penalty of perjury that all statements and documents submitted with this application are true and correct to the best of my knowledge. SIGNATURE: DATE: TION 2: PROPERTY OWNER INFORMATION Is Property Owner different from Project Main Contact? YES (complete this section) NO (SKIP to Sect PROPERTY OWNER #1 Name: Mailing Address: Email: Phone: Property Owner #2 (if applicable). Name: Statement: I / We declare under penalty of perjury that I am / we are the legal owner(s) of the property involved in this application. I / We authorize the person named in this application as the Project Main Contact to act as my / our representative with City Staff regarding the processing of this application. SIGNATURE: DATE:	OTHER:		HISTORIC PRESERVATION AL	DVISORY COMMITTEE (HPAC)
Organization/Title: Mailing Address: Statement: I will be the main contact and representative of the proposed project with City Staff during the processing of this application. I declare under penalty of perjury that all statements and documents submitted with this application are true and correct to the best of my knowledge. SIGNATURE: DATE: TION 2: PROPERTY OWNER INFORMATION Is Property Owner different from Project Main Contact? YES (complete this section) NO (SKIP to Sect PROPERTY OWNER #1 Name: Phone: Property Owner #2 (if applicable). Name: Statement: I / We declare under penalty of perjury that I am / we are the legal owner(s) of the property involved in this application. I / We authorize the person named in this application as the Project Main Contact to act as my / our representative with City Staff regarding the processing of this application. SIGNATURE: DATE:	TION 1: PROJEC	T MAIN CONT	ACT - APPLICANT/AGENT	INFORMATION
Mailing Address: Statement: I will be the main contact and representative of the proposed project with City Staff during the processing of this application. I declare under penalty of perjury that all statements and documents submitted with this application are true and correct to the best of my knowledge. SIGNATURE: DATE: TION 2: PROPERTY OWNER INFORMATION Is Property Owner different from Project Main Contact? YES (complete this section) NO (SKIP to Sect PROPERTY OWNER #1 Name: Mailing Address: Email: Phone: Statement: I / We declare under penalty of perjury that I am / we are the legal owner(s) of the property involved in this application. I / We authorize the person named in this application as the Project Main Contact to act as my / our representative with City Staff regarding the processing of this application. SIGNATURE: DATE:	Name:		Email:	
Statement: I will be the main contact and representative of the proposed project with City Staff during the processing of this application. I declare under penalty of perjury that all statements and documents submitted with this application are true and correct to the best of my knowledge. SIGNATURE: DATE: TION 2: PROPERTY OWNER INFORMATION Is Property Owner different from Project Main Contact? YES (complete this section) NO (SKIP to Sect PROPERTY OWNER #1 Name: Mailing Address: Email: Phone: Statement: I / We declare under penalty of perjury that I am / we are the legal owner(s) of the property involved in this application. I / We authorize the person named in this application as the Project Main Contact to act as my / our representative with City Staff regarding the processing of this application. SIGNATURE: DATE:	Organization/Title	:		Phone:
processing of this application. I declare under penalty of perjury that all statements and documents submitted with this application are true and correct to the best of my knowledge. SIGNATURE: DATE: TION 2: PROPERTY OWNER INFORMATION Is Property Owner different from Project Main Contact? YES (complete this section) NO (SKIP to Sect PROPERTY OWNER #1 Name: Mailing Address: Email: Property Owner #2 (if applicable). Name: Mailing Address: Email: Phone: Statement: I / We declare under penalty of perjury that I am / we are the legal owner(s) of the property involved in this application. I / We authorize the person named in this application as the Project Main Contact to act as my / our representative with City Staff regarding the processing of this application. SIGNATURE: DATE:	Mailing Address:			
PROPERTY OWNER #1 Name:				VES (complete this section) NO (SVID to Sect
Name: Mailing Address: Phone: Property Owner #2 (if applicable). Name: Mailing Address: Phone: Mailing Address: Email: Phone: Statement: I / We declare under penalty of perjury that I am / we are the legal owner(s) of the property involved in this application. I / We authorize the person named in this application as the Project Main Contact to act as my / our representative with City Staff regarding the processing of this application. SIGNATURE: DATE:			n Project Main Contact?	YES (complete this section) NO (SKIP to Sect
Property Owner #2 (if applicable) Name: Mailing Address:		<u> </u>	Mailing Address:	
Property Owner #2 (if applicable) Name: Mailing Address:	Fmail		Phono	
Name: Mailing Address: Phone:		"		•
Email: Statement: I / We declare under penalty of perjury that I am / we are the legal owner(s) of the property involved in this application. I / We authorize the person named in this application as the Project Main Contact to act as my / our representative with City Staff regarding the processing of this application. SIGNATURE: DATE:		<u>#2 (if applicable</u>		
Statement: I / We declare under penalty of perjury that I am / we are the legal owner(s) of the property involved in this application. I / We authorize the person named in this application as the Project Main Contact to act as my / our representative with City Staff regarding the processing of this application. SIGNATURE: DATE:	Name.		Maiting Address.	
involved in this application. I / We authorize the person named in this application as the Project Main Contact to act as my / our representative with City Staff regarding the processing of this application. SIGNATURE: DATE:	Email:		Phone	:
	involved in th Contact to act	is application. I	/ We authorize the person naresentative with City Staff regard	ned in this application as the Project Main
	JIONA I ONE.		DAIL.	

SECTION 3: PROJECT INFORMATION Site Plan Review (SPR) Number: OR N/A Date of Site Plan Review Committee Revise & Proceed: Title or Name of Project: Project location/address: Brief Project Description (detailed overview of the project should be included in the Operational Statement: Assessor's Parcel Number(s) (APN(s)): Site area (acres, or square feet if less than one acre): Existing uses: SECTION 4: OTHER INVOLVED PARTIES (EX. PRINCIPALS, PARTNERS, AND/OR TRUSTEES) Are there other parties involved with this project? YES (complete this section) NO (SKIP to Section #5) Name: Company and Title: Email: Phone: Company and Title: Name: Email: Phone: Company and Title: Name: Phone: Email: Company and Title: Name: Email: Phone: Company and Title: Name: Phone: Email:

Owner Email

is the Project Main Contact	. (Section 1), the same	as the Property Owner (se	ction 2):			
YES (SKIP this section)						
	NO (Compl	ete this section and submit nota	rization)			
SECTION 5: AGENCY AUTHOR	IZATION					
Attach	_	MUST be Notarized. signature(s) by Notary Pub	olic.			
	AGENCY AUT	HORIZATION				
Property Owner:						
I,	, c	eclare as follows:				
Owner's Name - I am the owner of certain r		sor's narcel number (APN):				
Taill the owner of tertaill i	ear property bearing asses	soi s parcernumber (AFN).				
Located at the following ac	ldress or location:					
Agent:						
I designate		, to act as my duly auth	orized agent for all			
purposes necessary to file an	nt's Name - Print application for, and obtain	a permit to				
relative to the property ment correct.	Action Sough	nt er penalty of perjury the forego	ing is true and			
Executed this	day of	, 20				
Signatures (MUST BE NOTARI	IZED) Attach acknowleds	ement by Notary Public:				
9	,	, ,				
<u>OWNER</u>		<u>AGENT</u>				
Signature of Owner		Signature of Agent				
Owner Mailing Address		Agent Mailing Address				
Owner Mailing Address (con	tinued)	Agent Mailing Address (co	ntinued)			
Owner Telephone		Agent Telephone				

Agent Email

HISTORIC PRESERVATION ADVISORY COMMITTEE SUPPLEMENTAL Form H-1

Form and application are for HPAC process only. Building permits require a separate application and separate materials.

<u>Type of Action (select one):</u>			
New construction	Signs		OTHER:
Alteration to existing struct	ture Moving - Ne	w location	Demolition (may require inspection by the City of Visalia
If moving or demolition permit the following questions:	t - it is not necessary to	o complete	Building Division. For more information, contact HPAC staff representative)
Exterior Elevations Proposed materials on exterior	elevation (type and des	cription if siding and tri	ms):
Troposed materials on exterior	etevation (type and desi	cription it siding and tri	1113).
Description and type of propose	ed windows and doors (in	nclude material of wind	ow frame):
If many is used as an autoria		ما م	aki ana
If masonry is used as an exterior Material:	r material, please provid	de the following informa	ation:
Size:			
Color:			
Roof (please indicate proposed	<u>changes to):</u>		
Material:			
Pitch:			
Style:			
Proposed Building Height:			
Height to eave:		Height to peak of ro	oof:
Setbacks (measurement from cu	<u>urb and property line to</u>	<u>proposed structure)</u>	
Setbacks on proposed project:	Doore	c· ı	
Front:	Rear:	Sides:	
Setbacks on adjacent propertie	es (distance from curb is	sufficient):	
Front only:			
Landscaping (indicate mature to	rees on plans):		

Signs (if applicable)

Please provide a sketch of the proposed sign indicating colors and materials and a plot plan showing location of the sign on the property.