



CITY OF BANNING
 Community Development Department
 99 East Ramsey Street
 Banning, CA 92220
 Tele: (951)922-3125
 Fax: (951) 922-3128

**UNIFORM
 DEVELOPMENT
 APPLICATION
 Part 1**

(Please type or print clearly using ink.)

GENERAL REQUIREMENTS

Project Location:	Staff Use Only File No:
Assessor's Parcel No(s):	Related Files
Legal Description(attach exhibits if necessary):	
Applicant's Name:	Phone Number: FAX Number:
Address, City, Zip:	
Legal Owner's Name (if different from above):	Phone Number: FAX Number:
Address, City, Zip:	

Type of Review Requested (Please Check All Applicable Boxes)

- | | | |
|--|--|--|
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Environmental Assessment | <input type="checkbox"/> Tentative Parcel Map ≤ 4 DU |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Tentative Tract Map >4 DU |
| <input type="checkbox"/> Certificate of Compliance | <input type="checkbox"/> Landscape/Irrigation Plan Check | <input type="checkbox"/> Tentative Map Extension |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Conditional Use Permit Amendment | <input type="checkbox"/> Parcel Merger | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> Design Review - Commercial/Industrial | <input type="checkbox"/> Minor Exception | <input type="checkbox"/> Technical Staff Review |
| <input type="checkbox"/> Design Review - Residential | <input type="checkbox"/> Specific Plan | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Specific Plan Amendment | _____ |

PROJECT DESCRIPTION

Detailed Description of Proposed Project (Attach additional sheets if necessary)

Indicate the use or occupancy for which the proposed project is intended:

APPLICANTS CERTIFICATION

I certify under penalty of perjury that the information submitted by the applicant is true and correct; that any false or misleading information shall be grounds for denial of the application. (If the undersigned is different from the legal property owner, a notarized letter of authorization from each property owner must accompany this form).

Date:	Signature:
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Print Name and Title:

Date Received	Time Received	Fees Received \$	Receipt No.	Received By
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**SUBDIVISION
 PROJECT
 SUMMARY TABLE
 Part 2**

Assessor's Parcel No(s):

Project Location:	Staff Use Only File No:	
General Plan Land Use Designation:	Environmental Determination: Reference:	
Zoning District:	Planner Initials:	Date:

PROJECT AREA

Gross (Including area to centerline of abutting streets)	Acres
Net (Exclusive of dedication for major external and secondary streets)	Acres

DWELLING UNITS (Based on Net Area)	Number	Net Density
Single Family Detached		
Single Family Attached		
Multi-family/Condominium		
One Bedroom		
Two Bedroom		
Three Bedroom		
Other (specify):		
TOTAL:		

AREA DISTRIBUTION (Based on Net Area)	Acres/Sq. Ft.	% of Net Area
Building Coverage		
Landscape Coverage		
Common Open Space		
Private Open Space		
Usable Open Space (Common + Private)		

PARKING	Parking Ratio	# of Units	Spaces Req'd	Spaces Provided
Single Family Dwellings	2.0/unit covered			
Multi-Studio & one bedroom	1.0/unit covered + .25/unit uncovered			
Multi-two bedroom	2.0/unit covered + .25/unit uncovered			
Multi-three or more bedrooms	3.0/unit covered + .25/unit uncovered			
Commercial/Industrial (see Planning for Ratio)				
TOTAL:				



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**NON-RESIDENTIAL
 PROJECT
 SUMMARY TABLE**

Part 2

Assessor's Parcel No(s):

Project Location:	Staff Use Only File No:	
General Plan Designation:	Environmental Determination: Reference:	
Zoning District:	Planner Initials:	Date:

PROJECT AREA

	Acres	Sq. Ft.
Gross (Including area to centerline of abutting streets)		
Net (Exclusive of dedication for major external and secondary streets)		

AREA DISTRIBUTION (Based on Net Area)

	Acres/Sq. Ft.	% of Net Area
Building Coverage		
Landscape Coverage		
Parking Area (including driveways, loading areas, and spaces)		

FLOOR AREA DISTRIBUTION BY PROPOSED USE (Based on Net Area)

Area of Building Pad	No. Of Stories	Gross Floor Area (sq. ft.)	Proposed Use

PARKING (Calculate Each Use Within a Building Separately)

Type of Use	Parking Ratio	# Spaces Required	# Spaces Provided
TOTALS			



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CONTACT INFORMATION

PART 3

The following information must be completed and submitted with new applications: (Print or Type all information entered)

Project Location:	Staff Use Only
Applicant:	File No:
Contact Person:	Related Files

Address, City, Zip:

Phone:	Fax:	E-mail Address:
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Additional Contact Person: (Please Specify Name, Company, Title)

Address, City, Zip:

Phone:	Fax:	E-mail Address:
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Architect:

Address, City, Zip:

Phone:	Fax:	E-mail Address:
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Civil Engineer:

Contact Person:

Address, City, Zip:

Phone:	Fax:	E-mail Address:
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Land Surveyor:

Contact Person:

Address, City, Zip:

Phone:	Fax:	E-mail Address:
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Landscape Architect:

Contact Person:

Address, City, Zip:

Phone:	Fax:	E-mail Address:
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**HAZARDOUS WASTE
 SITE DISCLOSURE
 STATEMENT**

PART 4

The following information must be completed and submitted with new applications: (Print or Type all information entered)

HAZARDOUS WASTE SITE DISCLOSURE STATEMENT Government Code Section 65962.5 requires the applicant for any development project to consult specified state-prepared lists of hazardous waste sites and submit a signed statement to the local agency indicating whether the project is located on or near an identified site. Under the statute, no application shall be accepted as complete without this signed statement. Please refer to the following web site for more information:

http://www.dtsc.ca.gov/SiteCleanup/Cortese_List.cfm

I (we) certify that I (we) have investigated our project with respect to its location on or near an identified hazardous waste site and that my (our) answers are true and correct to the best of my (our) knowledge. My (Our) investigation has shown that:

The project is not located on or near an identified hazardous waste site.

The project is located on or near an identified hazardous waste site. Please list the location of the hazardous waste site(s) on an attached sheet.

Date:

Signature:

Print Name and Title:

Date:

Signature:

Print Name and Title:



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CHECKLIST
PROJECT SPECIFIC
WQMP
PART 5

Checklist for identifying Discretionary New Development or Redevelopment projects as Priority Development Projects requiring a Project-Specific Water Quality Management Plan (WQMP)

Project Description:

Project Name:	Staff Use Only	
Project Location:	File No:	
Assessors Parcel Numbers:	Planner Initials:	Date:

PROPOSED PROJECT CONSISTS OR INCLUDES:

Single-family hillside residences that create 10,000 square feet, or more, of impervious area where the natural slope is 25% or greater, including single-family hillside residences that create 10,000 square feet of impervious area and where the natural slope is 10%, or greater, where erosive soil conditions are known.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Commercial and industrial developments of (or disturbing) 100,000 square feet, or more including parking areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Automotive repair shops [Standard Industrial Classification (SIC) codes ¹ 5013, 7532, 7533, 7534, 7537, 7538, and 7539.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retail gasoline outlets disturbing greater than 5,000 square feet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restaurants disturbing greater than 5,000 square feet including parking areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home subdivisions with 10 or more housing units.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parking lots of (or disturbing) 5,000 square feet, or more, or with 25, or more, parking spaces and potentially exposed to Urban Runoff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
¹ Descriptions of SIC codes can be found at: http://www.osha.gov/pls/imis/sicsearch.html .		

DETERMINATION (check appropriate determination):

<u>Any Question answered "YES"</u> →	<input type="checkbox"/> Priority Project. Project requires a site specific WQMP (include a preliminary WQMP with this application)
<u>All questions answered "NO"</u> →	<input type="checkbox"/> Non –Priority Project. Project requires incorporation of Site Design BMP's and Source Control BMP's imposed through conditions of approval or permit conditions.

A WQMP is a project-specific plan of Best Management Practices (BMP's) including site design, source controls, and treatment controls to address post-construction urban runoff water quality and quantity to protect receiving waters. A preliminary WQMP shall be submitted, reviewed, and approved prior to the first discretionary project approval, and a final WQMP shall be submitted, reviewed, and approved prior to any permit approval. Contact a civil engineer or other land development professional regarding the preparation of a Water Quality Management plan for your project. See WQMP Information Handout, and Whitewater SWMP for description of BMPs and the WQMP process. Also see City of Banning Ordinance Number 1212, 1388 and 1415 and the RCFCDD website for additional information on WQMPs.

Reviewed By: _____
 Planning Dept. Representative

Copy: Engineering Division

Letter of Authorization

APPLICATIONS FOR ZONING/LAND USE ENTITLEMENTS

TO: *Community Development Department
City of Banning
P.O. Box 998
Banning, CA 92220*

RE:

Property Address:
Assessor's Parcel Number(s):

I/We, the owner(s) of the above described real property, authorize _____, located at _____, to act as an agent on my/our behalf for the purpose of creating, filing, and/or managing any land use and building permit applications, or any other entitlements necessary to construct, operate, or otherwise gain approval for a project. I/We acknowledge that any application may be denied, modified, or approved with conditions, and that such conditions or modifications shall be complied with by the owner prior to issuance of any permits or project approval. Further, the owner agrees to notice the City of Banning immediately should this authorization be revoked for any reason.

The undersigned hereby certifies to being the fee owner(s) of the property described herein; that to the best of my/our knowledge the information contained within this authorization is true and correct.

Date _____

(Signature)

(Print name)

State of _____)
County of _____) ss.

On _____ before me, _____ personally appeared
(Name and title of officer)

_____. Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/ their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Notary seal)