DEVELOPMENT REVIEW APPLICATION

Environmental and Development Services Dept.
Planning Division
10890 San Pablo Avenue, El Cerrito, CA 94530
(510) 215-4330 – FAX (510) 233-5401
planning@ci.el-cerrito.ca.us

Application No:

Date Received:

Revised:

Please discuss your proposal with Planning Staff prior to completing this form. Please print or type legibly. Attach additional sheets if necessary. Incomplete applications will not be accepted.

1. Type of Application

- ☐ Use Permit
- ☐ Administrative Use Permit
- ☐ Variance
- ☐ Lot Line Adjustment
- ☐ Certificate of Compliance
- ☐ Tentative Map (Minor)
- ☐ Tentative Map (Major)
- ☐ Parcel Map
- ☐ Environmental Review
- ☐ Design Review
- ☐ Administrative Design Review
- ☐ Planned Sign Program
- ☐ RAD Review
- ☐ Planned Development
- ☐ Zoning Amendment/Rezone
- ☐ General Plan Amendment
- ☐ Zoning Clearance
- ☐ Temporary Use Permit

Application Fee(s):

Fee(s): $_____ (____)
$_____ (____)
Pub. Notice: $0.52 x _____ =
$_____ (1700)
Mail List: $_____ (6055)
Env. Fee: $_____ (6053)
Total: $_____

2. Property Location:

Zoning District: _____ APN: _____

Address of Subject Property: _____

3. Requested Action:

_____

_____

_____

4. Applicant:

In signing this application, I, as Applicant, certify that I have obtained written authorization from the property owner and have attached separate documentation showing my full legal capacity to file this application. I agree to be bound by the conditions of approval, subject only to the right to object at the public hearings or during the appeal period. I further certify that the information and exhibits submitted are true and correct.

Applicant's Name: _____

Contact Person: _____

Capacity: _____

Company: _____

Address: _____

_____ Zip: _____

Applicant's Phone: ( ) _____

Contact Person's Phone: ( )_____

Fax: ( ) _____

Email Address: _____

Signature: _____

Date: _____

5. Property Owner:

In signing this application, I, as Property Owner, certify that I have full legal capacity to, and hereby do, authorize the filing of this application. I understand that conditions of approval are binding. I agree to be bound by those conditions, subject only to the right to object at the public hearings or during the appeal period. I further certify that the information and exhibits submitted are true and correct. Note: all property owners must sign if property is jointly owned.

Name: _____

Capacity: _____

Company: _____

Address: _____

_____

_____ Zip: _____

Phone: ( ) _____

Fax: ( ) _____

Email Address: _____

Signature: _____

Date: _____

APPLICANT AGREES TO HOLD THE CITY OF EL CERRITO (CITY) HARMLESS FOR ALL COSTS AND EXPENSES, INCLUDING ATTORNEY'S FEES, INCURRED BY THE CITY OR HELD TO BE THE LIABILITY OF THE CITY IN CONNECTION WITH 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 THE APPLICANT'S PROJECT.