



PLANNING DIVISION APPLICATION FORM v0.1

City of Daly City ❖ 333 90th Street ❖ Daly City, CA 94015 ❖ (650) 991-8033

CHECKMARKED ITEMS ARE REQUIRED

APPLICATION TYPE	FEE	SUBTOTAL
<input type="checkbox"/> Wireless Communication Facility (UP or AUP)	\$2,845	\$0
<input checked="" type="checkbox"/> Large Family Day Care Home (AUP)	\$75	\$75
<input type="checkbox"/> Use Permit – T.I. or Concurrent Entitlement	\$2,465	\$0
<input type="checkbox"/> Use Permit – No Concurrent Entitlement	\$4,960	\$0
<input type="checkbox"/> Variance	\$4,845	\$0
<input type="checkbox"/> Rezoning – PD (Planned Development)	\$15,000 deposit at application plus \$165 x # of hours	\$0
<input type="checkbox"/> Rezoning - All Others + Text Amendments	\$10,000 deposit at application plus \$165 x # of hours	\$0
<input type="checkbox"/> General Plan Amendment + Text Amendments	\$15,000 deposit at application plus \$165 x # of hours	\$0
<input type="checkbox"/> Major Subdivision (five or more lots/parcels)	\$4,750 plus \$165 x # of lots	\$0
<input type="checkbox"/> Minor Subdivision (four or less lots/parcels)	\$4,645	\$0
<input type="checkbox"/> Lot line adjustment or lot merger	\$4,645	\$0
<input type="checkbox"/> Condominium Conversion	\$8,745 plus \$165 x # of hours	\$0
<input type="checkbox"/> Certificate of Compliance	\$710	\$0
<input checked="" type="checkbox"/> Categorical Exemption	\$95	\$95
<input type="checkbox"/> Negative Declaration	\$2,520 or actual cost + 25% overhead	\$0
<input type="checkbox"/> Mitigated Negative Declaration	\$2,995 or actual cost + 25% overhead	\$0
<input type="checkbox"/> EIR (excluding Initial Study)	Full Actual Cost + 25% overhead + \$50 posting fee	\$0
<input type="checkbox"/> Design Review Committee Review	\$5,420	\$0
<input type="checkbox"/> Design Review with concurrent entitlement	\$1,295	\$0
<input type="checkbox"/> Design Review at staff level	\$330	\$0
<input type="checkbox"/> Sullivan Corridor Review Fee	\$2,000	\$0
<input type="checkbox"/> Special projects and consultations (over 15 min.)	Hourly Rate (\$ per hour) x ____ Hours =	\$0
<input type="checkbox"/> Time Extension	\$665	\$0
<input type="checkbox"/> Appeal Fee (AUP & other administrative actions)	\$100	\$0
<input type="checkbox"/> Zoning Confirmation & Verification Letters	\$350	\$0
<input type="checkbox"/> ABC Letter of Convenience & Necessity	\$1,570	\$0
<input type="checkbox"/> Fire Dept. – Site Plan Review or Subdivision Map	\$216	\$0
<input checked="" type="checkbox"/> Public Noticing Fee	\$330	\$330
<input type="checkbox"/> Pre-Application Review Fee	\$1,000	\$0
<input checked="" type="checkbox"/> Records Storage Fee	\$40	\$40

Payable to "City of Daly City" -TOTAL PLANNING DIVISION FEES \$540

Payable to "San Mateo County Clerk-Recorder" - CALIFORNIA DEPT. OF FISH AND GAME IMPACT FEES \$0.00

APPLICANT INFORMATION- (If the applicant/agent is not the property owner, Supplemental Authorization Form is required)

<u>Applicant/Agent</u>	<u>Property Owner(s)</u>
Name: _____	Name _____
Address: _____	Address _____
City/State/Zip _____	City/State/Zip _____
Phone number: _____	Phone number: _____
Email address: _____	Email address: _____

PROJECT INFORMATION

Title/Name: _____	Assessor Parcel Number(s): _____
Address: _____	
Description: _____	

Application: I, the undersigned, hereby declare under penalty of perjury that the foregoing and following, and all related attachments submitted herewith, is/are, to the best of my knowledge, true and correct and I understand that failure to provide complete, truthful and accurate information necessary to process this development project application, or to provide public notice as required, may result in delay in processing the application or may constitute grounds for denial or revocation of the permit(s) requested herein.

Applicant Signature Date

Property Owner Signature Date

SUPPLEMENTAL AUTHORIZATION FORM

(MUST BE NOTARIZED)

I, the undersigned owner of record of the real property described below, do hereby authorize _____ to act on my behalf and to fulfill other requirements, including the right to make appeals on my behalf, as are required by the provisions of Ordinance 635 (Zoning Ordinance of the City of Daly City) in connection with a zoning application to the City for a _____ involving the property, which is the subject of this authorization and which is described as: _____

Owner's Signature Date

Address

Telephone

If there is more than one property owner, each must sign an authorization form. All authorization forms must be notarized within the past 90 days.

State of California }
County of _____ }

On _____, before me, _____, Notary Public,

personally appeared, _____

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 the 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 of Notary Public

PLACE NOTARY SEAL ABOVE