



Town of Apple Valley Site Plan Review for Specific Plans



The Town of Apple Valley encourages prospective applicants to attend a pre-application conference with the Planning Division prior to formal submittal of a permit application. The conference should take place prior to any substantial investment.

After submitting your plans to the Planning Division for a Site Plan Review, your plans will be distributed to all Town Divisions involved in the permit process. All items listed on the checklist below must be included in your submittal package so that each Town Division can efficiently evaluate your project. **Project submittals which do not include these items will not be accepted for processing.** All plans must be collated, stapled and folded to 8 1/2" x 11" notebook size. Upon submittal, filling fees will be collected as listed below. Make checks payable to the Town of Apple Valley. Please feel free to contact the Planning Division at (760) 240-7000 Ext.7200 if you have any questions.

APPLICATION PROCESSING FEES

	Initial Deposit	Actual Cost not to exceed
<input type="checkbox"/> Site Plan Review	\$2,245	Actual Cost
<input type="checkbox"/> Reimbursement Fee – NAVISP only	\$277/acre	\$277/acre
<input type="checkbox"/> Apple Valley Fire District review (check made payable to AVFPD)	\$ 447	

****Should processing time exhaust the initial deposit amount, the applicant will be required to deposit additional funds.***

SUBMITTAL REQUIREMENTS

- ___ 1. Completed General Information and Affidavit letter.
- ___ 2. Completed Project Description and Existing Conditions letter.
- ___ 3. Two Copies of a Current:
 - a. (6 months) Preliminary title report that shows all recorded easements;
 - b. Assessor’s parcel map; and
 - c. Grant Deeds for all involved properties.
- ___ 4. One colored elevation with a detailed description of all colors and materials

- ___ 5. Photographs of project site and adjacent properties
- ___ 6. Ten full sets of plans collated that include:
 - a. Fully dimensioned site plan;
 - b. Fully dimensioned floor plan; and
 - c. Fully dimensioned elevations for all sides of building. Scale to be no smaller than one inch = 40 feet.
- ___ 7. Three sets of landscape plans that include (a) type location, size, number and spacing of plant materials and (b) a plant list which includes common and botanical name.
- ___ 8. One reduced (8-½" X 11") of each plan/sheet
- ___ 9. Three sets preliminary grading & drainage plan containing information on existing structures, contours, elevations; proposed grades, circulation and drainage improvements, including streets, drainage courses on the site and within 100 feet of the boundaries of the site.
- ___ 10. One copy of a water purveyor and other utility companies service letter.
- ___ 11. A Phase I Biological study to determine the potential occupation of the project site by endangered or listed species, including but not limited to, the Mojave Ground Squirrel, the Burrowing Owl and the Desert Tortoise.
- ___ 12. A project specific air quality study that analyzes construction and operational emissions.
- ___ 13. Preliminary Water Quality Management Plan

INCLUDE THE FOLLOWING INFORMATION ON YOUR PLANS:

SITE PLAN

- ___ 1. Projects current address, Assessor's parcel number, Applicant's name and phone number.
- ___ 2. Provide a legend on the site plan that includes:
 - a. Current Zoning;
 - b. Total lot square footage;
 - c. The proposed use and square footage of all building;
 - d. Show the required and proposed number of parking spaces for your project.
 - e. Indicate the intended occupancy type of all buildings on your site and designate the type of construction (exterior walls and roof included). Identify buildings to be sprinklered and non-sprinklered.
- ___ 3. North Arrow.
- ___ 4. Correctly dimension all streets and alleyways from their centerline to curb, curb to sidewalk and sidewalk to property line. Show location of all driveways or streets opposite your project. Indicate all street names for those streets serving or abutting your property.
- ___ 5. Show existing fire hydrants within 300 feet of your project site. Indicate any proposed fire hydrants.
- ___ 6. Show proposed Fire Department vehicle access lane.
- ___ 7. Show and dimension all property lines and setbacks. Provide locations and dimensions of all existing and proposed easements and all property to be dedicated to the Town.
- ___ 8. Provide the distance to all buildings within 100 feet of your site. State the type of construction of those buildings, including length, height and roof construction. (This is necessary so the Fire Department can evaluate fire flow requirements.)
- ___ 9. Dimension all existing and proposed buildings. Specify all structures to be demolished or removed. Show location, height and construction type of exterior walls and fences.

- ___ 10. Indicate and fully dimension the location and size of all trash storage areas, landscape and open space areas. Parking layout must be fully dimensioned and tabulated for both on-site and off-site parking.
- ___ 11. On your site plan provide the location of all utility related equipment (including electrical transformer, meters, etc.).
- ___ 12. Location & heights of all walls or fences with details, materials, construction and height differentials from abutting property if fence/wall is located on a property line.
- ___ 13. Septic location/relocation.
- ___ 14. Fully dimensioned floor plan showing proposed use of all areas (examples: office, storage, conference, etc.)

COMMENTS

Be aware that, if determined by Town staff, additional reports, such as a traffic study, biological study, hydrology study or noise report, may be requested for inclusion with the Site Plan Review submittal.

REVIEWED BY: _____

DATE: _____



A Better Way of Life

Town of Apple Valley General Application



FOR TOWN USE ONLY

Date Submitted: _____ Case No.: _____ Received By: _____

*Planning Fee: _____ Other Fees: _____ Case Planner: _____

Please type or print legibly in ink

TYPE OF APPLICATION:

Conditional Use Permit	_____	Specific Plan	_____
Development Permit	_____	Temporary Use Permit	_____
Deviation Permit	_____	Tentative Parcel Map	_____
Modification or Amendments	_____	Tentative Tract Map	_____
General Plan Amendment	_____	Variance	_____
Special Use Permit	_____	Zone Change	_____
Other _____	_____	Site Plan Review	_____

Case No. (Staff) _____

Project Address/Location Description _____

APPLICANT INFORMATION:

Property Owner _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Applicant _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Applicant's Representative _____ Telephone _____

(if different than Applicant)

Address _____ City _____ State _____ Zip _____

Email _____ Fax _____

The Town of Apple Valley Community Development Department

14955 Dale Evans Parkway, Apple Valley, CA 92307 • (760) 240-7000 • Fax: (760) 240-7399

PROJECT INFORMATION:

Related Projects _____
Assessor's Parcel No. (s) _____ Tract _____ Lot _____
Property Size: Gross Acres _____ Net Acres _____ Square Feet _____
Total Square Footage of Proposed Building(s) _____ No. Of Units _____
General Plan Designation _____ Zoning _____
Proposed Use of Land/Building(s) _____
Detailed Description of Project (**Required**) _____

OWNER'S AUTHORIZATION AND AFFIDAVIT:

I am/We are the legal owner(s) of said property and do hereby certify that all the foregoing information is true and correct and recognize that if any information proves to be false or incorrect the Town shall be released from any liability incurred and any permits or approvals may be null and void.

Printed Name(s) of Legal Owner(s) _____ Date _____
_____ Date _____
Signature(s) _____ Date _____
_____ Date _____

This will serve to notify you and verify that I am/we are the legal owner(s) of the property described in the project application and do hereby authorize the listed representative to file this and represent my/our interest in the application.

Signature _____

(A Letter of Authorization form may be submitted in lieu of the legal owner's signature.)

Signature of Representative _____ Date _____

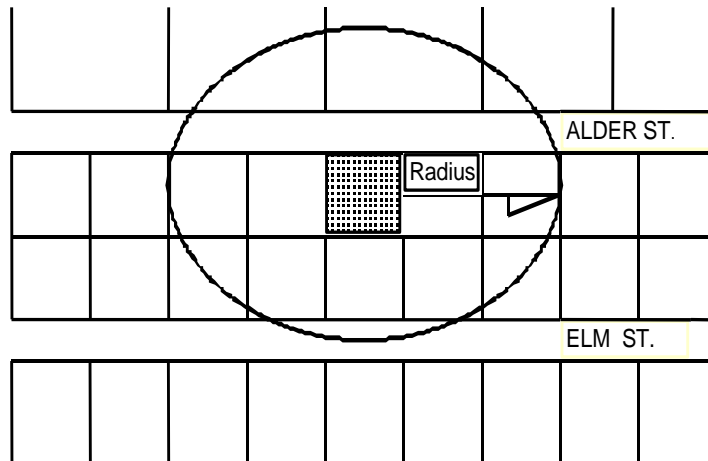
PROPERTY OWNERS MAILING LIST

The surrounding property owner information must be obtained from the most current San Bernardino County Assessor's roll or shall be prepared and verified by a title company doing business in San Bernardino County. The County Assessor's office is located at 15900 Smoke Tree Street, Suite 221, Hesperia, CA. 92345.

- Two (2) sets of adhesive labels containing the mailing address of the owner(s), applicant(s) and of all surrounding property owners, including vacant properties. Mailing labels must contain: Assessor's Parcel Number, property owners name, address and zip code.
 Site of 5 acres or less properties within a radius of 300 feet.
 Site of 5 - 20 acres properties within a radius of 500 feet.
 Site of 21 - 160 acres properties within a radius of 700 feet.
 Site of 161 acres or more properties within a radius of 1,300 feet.
 Mailing address should contain: Assessor's Parcel Number, property owners name, address and zip code.
- One (1) copy of the labels sheets.
- One (1) radius map showing the subject property and all surrounding properties. The appropriate radius shall be drawn from the exterior boundaries of the subject property as shown in the sample below. The scale of the radius map shall be large enough to clearly show all surrounding properties.

Sample Vicinity/Radius Map

(See above for required radius)



SURROUNDING PROPERTY OWNERS LIST CERTIFICATION

(To be submitted with application)

I, _____, certify that on _____ the attached property owners list was prepared by _____ pursuant to the requirements of the Town of Apple Valley. Said list is a complete compilation of the owner(s), applicant(s) and representative of the subject property and all owners or surrounding properties within a radius of _____ feet from the exterior boundaries of the subject property and is based on the latest equalized assessment rolls of the San Bernardino County Assessor's Office dated _____. I further certify that the information filed is true and correct to the best of my knowledge; I understand that incorrect and erroneous information may be grounds for refection or denial of the development application.

Signed _____ Print Name _____ Date _____

*The Town of Apple Valley Community Development Department
 14955 Dale Evans Parkway, Apple Valley, CA 92307 • (760) 240-7000 • Fax: (760) 240-7399*

PWQMP Checklist

Project Name: _____

Prepared For:

Owner/Developer Name _____

Address _____

Street, City, State, ZIP _____

Phone Number _____

Prepared By:

Engineer Name _____

RCE # _____

Engineering Firm Name _____

Address _____

City, State, ZIP _____

Phone Number _____

Project Description: _____

Regulated Development Project Category: _____

<input type="checkbox"/> #1 New Development involving the creation of 5,000 ft ² or more of impervious surface collectively over entire site.	<input type="checkbox"/> #2 Significant redevelopment involving the addition or replacement of 5,000 ft ² or more of impervious surface on an already developed site.	<input type="checkbox"/> #3 Road Project – any road, sidewalk, or bicycle lane project that creates greater than 5,000 ft ² of contiguous impervious surface.	<input type="checkbox"/> #4 LUPs – linear underground/overhead projects that has a discrete location with 5,000 ft ² or more of new constructed impervious surface.
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Project Area (ft²):

Project Type: (e.g. residential, commercial, industrial)

Project Location:

Site Design Practices:

Site Design Practices Checklist
Site Design Practices <i>If yes, explain how preventative site design practice is addressed in project site plan. If no, other LID BMPs must be selected to meet targets</i>
Minimize impervious areas: Yes <input type="checkbox"/> No <input type="checkbox"/> Explanation:
Maximize natural infiltration capacity; Including improvement and maintenance of soil: Yes <input type="checkbox"/> No <input type="checkbox"/> Explanation:
Preserve existing drainage patterns and time of concentration: Yes <input type="checkbox"/> No <input type="checkbox"/> Explanation:
Disconnect impervious areas. Including rerouting of rooftop drainage pipes to drain stormwater to storage or infiltration BMPs instead of to storm drain: Yes <input type="checkbox"/> No <input type="checkbox"/> Explanation:
Use of Porous Pavement: Yes <input type="checkbox"/> No <input type="checkbox"/> Explanation:
Protect existing vegetation and sensitive areas: Yes <input type="checkbox"/> No <input type="checkbox"/> Explanation:
Re-vegetate disturbed areas. Including planting and preservation of drought tolerant vegetation: Yes <input type="checkbox"/> No <input type="checkbox"/> Explanation:
Minimize unnecessary compaction in stormwater retention/infiltration basin/trench areas: Yes <input type="checkbox"/> No <input type="checkbox"/> Explanation:
Utilize naturalized/rock-lined drainage swales in place of underground piping or imperviously lined swales: Yes <input type="checkbox"/> No <input type="checkbox"/> Explanation:
Stake off areas that will be used for landscaping to minimize compaction during construction: Yes <input type="checkbox"/> No <input type="checkbox"/> Explanation:
Use of Rain Barrels and Cisterns, Including the use of on-site water collection systems: Yes <input type="checkbox"/> No <input type="checkbox"/> Explanation:
Stream Setbacks. Includes a specified distance from an adjacent stream: Yes <input type="checkbox"/> No <input type="checkbox"/> Explanation:

LID Design Capture Volume:

LID BMP Performance Criteria for Design Capture Volume		
1 Project area DA 1 (ft ²):	2 Imperviousness after applying preventative site design practices (Imp%):	3 Runoff Coefficient (Rc): _ $R_c = 0.858(\text{Imp}\%)^3 - 0.78(\text{Imp}\%)^2 + 0.774(\text{Imp}\%) + 0.04$
4 Determine 1-hour rainfall depth for a 2-year return period $P_{2\text{yr-1hr}}$ (in):		http://hdsc.nws.noaa.gov/hdsc/pfds/sa/sca_pfds.html
5 Compute P_6 , Mean 6-hr Precipitation (inches): $P_6 = \text{Item 4} * C_1$, where C_1 is a function of site climatic region specified in Form 3-1 Item 1 (Desert = 1.2371)		
6 Drawdown Rate <i>Use 48 hours as the default condition. Selection and use of the 24 hour drawdown time condition is subject to approval by the local jurisdiction. The necessary BMP footprint is a function of drawdown time. While shorter drawdown times reduce the performance criteria for LID BMP design capture volume, the depth of water that can be stored is also reduced.</i>		24-hrs <input type="checkbox"/> 48-hrs <input type="checkbox"/>
7 Compute design capture volume, DCV (ft ³): $DCV = 1/12 * [\text{Item 1} * \text{Item 3} * \text{Item 5} * C_2]$, where C_2 is a function of drawdown rate (24-hr = 1.582; 48-hr = 1.963) Compute separate DCV for each outlet from the project site per schematic drawn in Form 3-1 Item 2		

Infiltration BMP Feasibility:

Infiltration BMP Feasibility	
Feasibility Criterion – Complete evaluation for each DA on the Project Site	
<p>¹ Would infiltration BMP pose significant risk for groundwater related concerns? <i>Refer to Section 5.3.2.1 of the TGD for WQMP</i></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Provide basis: (attach)	
<p>² Would installation of infiltration BMP significantly increase the risk of geotechnical hazards? (Yes, if the answer to any of the following questions is yes, as established by a geotechnical expert):</p> <ul style="list-style-type: none"> • The location is less than 50 feet away from slopes steeper than 15 percent • The location is less than ten feet from building foundations or an alternative setback. • A study certified by a geotechnical professional or an available watershed study determines that stormwater infiltration would result in significantly increased risks of geotechnical hazards. 	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Provide basis: (attach)	
<p>³ Would infiltration of runoff on a Project site violate downstream water rights?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Provide basis: (attach)	
<p>⁴ Is proposed infiltration facility located on hydrologic soil group (HSG) D soils or does the site geotechnical investigation indicate presence of soil characteristics, which support categorization as D soils?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Provide basis: (attach)	
<p>⁵ Is the design infiltration rate, after accounting for safety factor of 2.0, below proposed facility less than 0.3 in/hr (accounting for soil amendments)?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Provide basis: (attach)	
<p>⁶ Would on-site infiltration or reduction of runoff over pre-developed conditions be partially or fully inconsistent with watershed management strategies as defined in the WAP, or impair beneficial uses? <i>See Section 3.5 of the TGD for WQMP and WAP</i></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Provide basis: (attach)	
<p>⁷ Any answer from Item 1 through Item 3 is “Yes”: <i>If yes, infiltration of any volume is not feasible onsite. Proceed to Form 4.3-4, Selection and Evaluation of Biotreatment BMP. If no, then proceed to Item 8 below.</i></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>⁸ Any answer from Item 4 through Item 6 is “Yes”: <i>If yes, infiltration is permissible but is not required to be considered. Proceed to Form 4.3-2, Site Design BMP. If no, then proceed to Item 9, below.</i></p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>⁹ All answers to Item 1 through Item 6 are “No”: <i>Infiltration of the full DCV is potentially feasible, LID infiltration BMP must be designed to infiltrate the full DCV to the MEP. Proceed to Form 4.3-2, Site Design BMPs.</i></p>	

Infiltration BMPs:

Selection of Infiltration BMPs	
Pre-treatment BMPs (required for infiltration)	Infiltration BMPs
<input type="checkbox"/> Catch Basin Filter Inserts <input type="checkbox"/> Vegetated Swale <input type="checkbox"/> Hydrodynamic Separator <input type="checkbox"/> Filter Strip <input type="checkbox"/> Sedimentation Forebay <input type="checkbox"/> Other	<input type="checkbox"/> Infiltration Basin <input type="checkbox"/> Infiltration Trench <input type="checkbox"/> Bioretention with no underdrain <input type="checkbox"/> Drywell ¹ <input type="checkbox"/> Underground Infiltration System ¹

Note¹: Class V Injection Wells (including underground infiltration systems) must be registered with the U.S. EPA Region 9's Underground Injection Control (UIC) Program.

Biotreatment BMPs:

Selection of Biotreatment BMPs		
2 Biotreatment BMP Selected <i>(Select biotreatment BMP(s) necessary to ensure all pollutants of concern are addressed through Unit Operations and Processes, described in Table 5-5 of the TGD for WQMP)</i>	Volume-based biotreatment	Flow-based biotreatment
		<input type="checkbox"/> Bioretention with underdrain <input type="checkbox"/> Planter box with underdrain <input type="checkbox"/> Constructed wetlands <input type="checkbox"/> Wet extended detention <input type="checkbox"/> Dry extended detention

Discuss all items checked "Yes" on previous page:

Lined area for discussion, consisting of 25 horizontal lines.