



Town of Apple Valley

Application for General Plan Amendment, Development Code Amendment, Zone Change and Annexation Request



Listed below are the items and materials that must be submitted with your application for a General Plan Amendment, Development Code Amendment and Zone Change. The application is reviewed by the Town Council, after a recommendation is made from the Planning Commission. The project application will not be accepted for processing unless all requested information and materials have been submitted and determined to be complete and adequate. Upon initial review of the project, additional technical studies may be required prior to determining that the application is complete. **Project submittals which do not include these items will not be accepted for processing. All plans must be collated, stapled and folded to 8 ½” x 11” notebook size.** Upon submittal, filing 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

	<u>Initial Deposit</u>	<u>Actual Cost not to exceed</u>
<input type="checkbox"/> General Plan Amendment Text and/or Maps	\$16,948	Actual Cost
<input type="checkbox"/> Development Code Amendment	\$14,668	Actual Cost
<input type="checkbox"/> Zone Change	\$14,157 + \$16/ac	Actual Cost
<input type="checkbox"/> Zone Change concurrent with General Plan Amendment	\$7,334	Actual Cost
<input type="checkbox"/> Annexation request concurrent with General Plan Amendment and pre-zoning	\$6,297	Actual Cost

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

GENERAL REQUIREMENTS

- 1. Completed General Application Form
- 2. Environmental Information Form
- 3. Cultural Reports (such as tribal nations)
- 4. Items on the attached “Property Owner’s Mailing List” Form
- 5. Provide a written statement indicating the purpose and scope of the requested amendment or zone change.

6. Fifteen (15) sets of site plans drawn to scale, preferably 1"=20', 1"=30', or 1"= 40' scale.

Plans shall include but not be limited to:

Scale, north arrow, and vicinity map.

Location of existing and proposed buildings.

All property lines with dimensions and the net lot area of all properties involved.

Existing and proposed General Plan Land Use Designation and/or Zoning designation.

- 7. Preliminary title report dated within thirty (30) days of filing of the application.
- 8. One (1) 8 1/2" x 11" reduced site plan.



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 _____

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.)

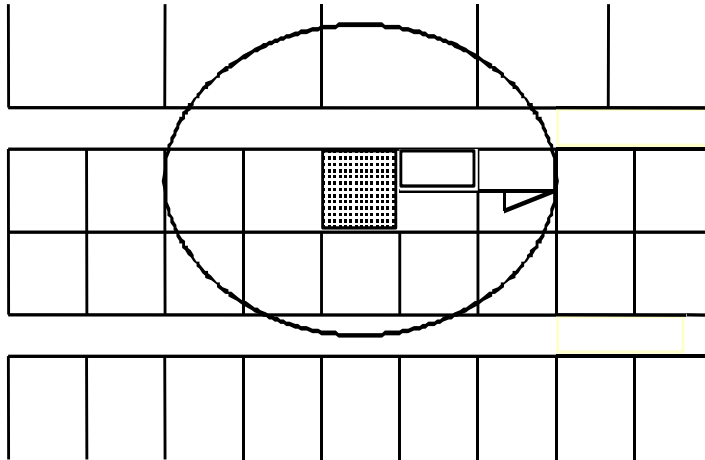
Signature of Representative _____ Date _____

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 refecton or denial of the development application.

Signed _____ Radius _____ Print Name _____ Date _____



ENVIRONMENTAL INFORMATION FORM
(To be completed by applicant)

Date Submitted _____

General Information

- 1. Indicate type(s) of permit application for the project to which this form pertains:

- 2. List and describe any other related permits and other public approvals required for this project, including those required by city, regional, state and federal agencies:

- 3. Existing Zoning District: _____
- 4. Existing General Plan designation _____
- 5. Proposed use of site (Project for which this form is filed): _____

Project Description

- 6. Site size _____
- 7. Square footage _____
- 8. Number of floors of construction _____
- 9. Amount of off-street parking provided _____
- 10. Anticipated incremental development/phasing _____

- 11. Associated project _____
- 12. If residential, include the number of units, schedule of unit sizes and type of household size expected _____

- 13. If commercial, indicate the type, whether neighborhood, town or regionally oriented, square footage of sales area, and loading facilities _____
- 14. If industrial, indicate type, estimated employment per shift, and loading facilities _____

15. If institutional, indicate the major function, estimated employment per shift, estimated occupancy, loading facilities, and community benefits to be derived from the project _____

16. If the project involves a Variance, Conditional Use or Zone Change application, state this and indicate clearly why the application is required _____

*Are the following items applicable to the project or its effects? Discuss below all items checked "Yes."
(attach additional sheets as necessary).*

Environmental Impacts

	Yes	No
17. Change in existing features of any bays, tidelands, beaches, or hills, or substantial alteration of ground contours.	<input type="checkbox"/>	<input type="checkbox"/>
18. Change in scenic vistas or views from existing residential areas or public lands or roads.	<input type="checkbox"/>	<input type="checkbox"/>
19. Change in pattern, scale or character of general area of project.	<input type="checkbox"/>	<input type="checkbox"/>
20. Significant amounts of solid waste or litter.	<input type="checkbox"/>	<input type="checkbox"/>
21. Change in dust, ash, smoke, fumes or odors in vicinity.	<input type="checkbox"/>	<input type="checkbox"/>
22. Changes in ocean, bay, lake, river, stream, lake, or ground water quality or quantity, or alteration of existing drainage patterns	<input type="checkbox"/>	<input type="checkbox"/>
23. Substantial change in existing noise or vibration levels in the vicinity	<input type="checkbox"/>	<input type="checkbox"/>
24. Substantial new light or glare.	<input type="checkbox"/>	<input type="checkbox"/>
25. Alterations in the location, distribution, density, or growth rate of the human population of the area.	<input type="checkbox"/>	<input type="checkbox"/>
26. Impacts on existing housing or create a demand for additional housing.	<input type="checkbox"/>	<input type="checkbox"/>
27. Site on filled land or on slope of 10 percent or more.	<input type="checkbox"/>	<input type="checkbox"/>
28. Use of disposal of potentially hazardous materials, such as toxic substances, flammables or explosives.	<input type="checkbox"/>	<input type="checkbox"/>
29. Substantial change in demand for municipal services (police, fire, water, sewage, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
30. Substantial increase in fossil fuel consumption (electricity, oil, natural gas, etc.).	<input type="checkbox"/>	<input type="checkbox"/>

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 31. Relationship to a larger project or series of projects, existing or future. | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Impacts upon the quality or quantity of existing recreational opportunities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Impacts to existing parking or transportation facilities, generate substantial additional vehicle movement or the need for additional parking or transportation facilities. | <input type="checkbox"/> | <input type="checkbox"/> |

Environmental Setting

34. Describe the project site as it exists before the project, including information on topography, soil stability, plants and animals, and any cultural, historical or scenic aspects. Describe any existing structures on the site, and the use of the structures,. Attach photographs of the site. Snapshots or Polaroid photos will be accepted.
35. Describe the surrounding properties, including information on plants and animals and any cultural, historical or scenic aspects. Indicate the type of land use (residential, commercial, etc.), intensity of land use (one family, apartment house, shops, department stores, etc.), and scale of development (height, frontage, set-back, rear yard, etc.) Attach photographs of the vicinity. Snapshots or Polaroid photos will be accepted.

Certification

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Date _____

Signature _____

For _____

