



# Standard Application Form – 1

Community Development Department – Planning Division

125 East College Street • Covina, California 91723 • (626) 384-5450 / Fax: (626) 384-5479

## Applicant Information

Name of Proposed Project:		<b>STAFF USE ONLY</b>
Project Address:		
Assessor's Parcel Number:		
Phone: ( )	E-Mail:	
MUNIS NO:		
FILE NO:		
Applicant Name:		
Applicant Address:		
Property Owner Name:		
Property Owner Address:		

## Project Type

Please check the type of project review requested. If you are applying for more than one review you may check all that apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Conditional Use Permit              | <input type="checkbox"/> PCD Amendment   | <input type="checkbox"/> Tree Preservation Permit<br><input type="checkbox"/> Minor |
| <input type="checkbox"/> Development Agreement               | <input type="checkbox"/> Public Convenience or necessity (ABC)                           | <input type="checkbox"/> Vacation of Alley, Easement, Street                        |
| <input type="checkbox"/> General Plan Amendment              | <input type="checkbox"/> Site Plan Review-Major  | <input type="checkbox"/> Variance   |
| <input type="checkbox"/> Historic Structure Designation      | <input type="checkbox"/> Site Plan Review-Minor (Residential)                            | <input type="checkbox"/> Variance (Minor)   |
| <input type="checkbox"/> Lot Line Adjustment/Lot Merger      | <input type="checkbox"/> Site Plan Review-Minor (Non-Residential)                        | <input type="checkbox"/> Zoning Code Amendment/ Zone Change                         |
| <input type="checkbox"/> Pre-Application Review              | <input type="checkbox"/> Tentative Parcel Map<br><input type="checkbox"/> Time Extension | <input type="checkbox"/> _____<br>(Other)   |
| <input type="checkbox"/> Planned Community Development (PCD) | <input type="checkbox"/> Tentative Tract Map<br><input type="checkbox"/> Time Extension  | <input type="checkbox"/> _____<br>(Other)   |

## Project Description

Detailed Description of Proposed Project (Attach Additional Sheets if Necessary)

## Owner Certification

I certify that I am presently the legal owner of the above described property. Further, I acknowledge the filing of this application and certify that all of the above information is true and correct. If applicant is different from the legal property owner, a property owner's authorization form must accompany this application.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

## STAFF USE ONLY

Date Received:	Received by:	Fees:	Receipt No:
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# Standard Application – 2 Property Owner’s Authorization Form

Community Development Department – Planning Division

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List the name(s) and address(es) of all property owner(s).

1. Owner Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Owner Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Owner Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Certification Statement

This letter shall serve to notify you and certify that I/we am/are the legal owner(s) of the property described in the attached application and do hereby authorize:

Applicant’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant’s Complete Address: \_\_\_\_\_ Email: \_\_\_\_\_

To file and present my/our interest for the referenced application(s): \_\_\_\_\_

Name (printed): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# Standard Application – 3 Project Description Form

Community Development Department – Planning Division

125 East College Street • Covina, California 91723 • (626) 384-5450 / Fax: (626) 384-5479

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

### A. General Information

Project Address or Assessor's Parcel Number: \_\_\_\_\_

Site Area: \_\_\_\_\_ Building Area: \_\_\_\_\_ Building Height: \_\_\_\_\_ No. of Floors: \_\_\_\_\_

Total anticipated number of employees: \_\_\_\_\_ Max shift: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Does the business involve the sale of any food or beverages?  No  Yes

Will the project be built in phases?  No  Yes If YES, a phasing plan is required to be submitted.

Will any permits be required from agencies other than the City (including a Hazardous Materials Business Plan)?

No  Yes If yes, list: \_\_\_\_\_

Will the project use, store, or dispose of potentially hazardous chemicals, materials, toxic substances, flammables or explosives?  No  Yes If yes, describe: \_\_\_\_\_

If any of the above answers are YES, please describe in detail on a separate sheet.

### B. Existing Land Uses of the Subject and Surrounding Properties

Subject property: \_\_\_\_\_

North: \_\_\_\_\_

East: \_\_\_\_\_

South: \_\_\_\_\_

West: \_\_\_\_\_

### C. Physical Site

Will the project modify existing natural features?  No  Yes If YES, please describe in detail on a separate sheet?

Estimated cubic yards of grading involved in the project:  None  Cut = \_\_\_\_\_ Fill = \_\_\_\_\_

What is the maximum height and grade of constructed slopes? \_\_\_\_\_

### D. Archaeological/Historical

Is the project located in an area of archaeological or historical sensitivity as identified in the Covina General Plan?

No  Yes If YES, please describe in detail on a separate sheet.

### E. Flora and Fauna

Describe the types of vegetation and trees in the project area: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Oak trees on the site: \_\_\_\_\_ Number of Oak trees to be removed: \_\_\_\_\_ a Tree Permit application must be obtained

Describe the types of wildlife found in the project area: \_\_\_\_\_

\_\_\_\_\_

**F. Noise**

Will the project increase noise levels within the project area of surrounding neighborhood?

No  Yes If YES, please describe in detail on a separate sheet

Will the project increase the amount of light, vibration, dust, ash, smoke, or odors during construction or after development?  No  Yes If YES, please describe in detail on a separate sheet.

**G. List of Attached Environmental Reports**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact person for environmental: \_\_\_\_\_ Phone: \_\_\_\_\_

Environmental firm: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**H. Certifications**

Government Code Section 65962.5 requires the Planning Division to make available to applicants the most current list of "Identified Hazardous Waste Sites" from the State Office of Planning and Research. The list is available on the web at [http://www.dtsc.ca.gov/SiteCleanup/Cortese\\_List](http://www.dtsc.ca.gov/SiteCleanup/Cortese_List) under Mandated Web Site Postings.

All applicants must complete and sign the following statement in order for the Planning Division to deem the application complete.

"I, \_\_\_\_\_, certify that I have reviewed the list of "Identified Hazardous Waste Sites" from the Office of Planning and Research and have determined that the site that is the subject of this application is not on said list."

I hereby certify that to the best of my ability, the statements furnished above and the exhibits submitted with this application present the data and information required for this initial evaluation and that the facts, statements, and information presented are true and correct to the best of my knowledge. Furthermore, I understand that failure to provide the plans and information required may result in this application not being accepted as complete for planning and processing.

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Representative for: \_\_\_\_\_

Title: \_\_\_\_\_



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Total anticipated number of employees: \_\_\_\_\_ Max shift: \_\_\_\_\_ Hours of operation: \_\_\_\_\_

Does the business involve the sale of any food or beverages?  No  Yes

Will the project be built in phases?  No  Yes If YES, a phasing plan is required to be submitted.

Will any permits be required from agencies other than the City (including a Hazardous Materials Business Plan)?

No  Yes If yes, list: \_\_\_\_\_

Will the project use, store, or dispose of potentially hazardous chemicals, materials, toxic substances, flammables or explosives?  No  Yes If yes, describe: \_\_\_\_\_

If any of the above answers are YES, please describe in detail on a separate sheet.

### B. Existing Land Uses of the Subject and Surrounding Properties

Subject property: \_\_\_\_\_

North: \_\_\_\_\_

East: \_\_\_\_\_

South: \_\_\_\_\_

West: \_\_\_\_\_

### C. Physical Site

Will the project modify existing natural features?  No  Yes If YES, please describe in detail on a separate sheet?

Estimated cubic yards of grading involved in the project:  None  Cut = \_\_\_\_\_ Fill = \_\_\_\_\_

What is the maximum height and grade of constructed slopes? \_\_\_\_\_

### D. Archaeological/Historical

Is the project located in an area of archaeological or historical sensitivity as identified in the Covina General Plan?

No  Yes If YES, please describe in detail on a separate sheet.

### E. Flora and Fauna

Describe the types of vegetation and trees in the project area: \_\_\_\_\_

\_\_\_\_\_

Number of Oak trees on the site: \_\_\_\_\_ Number of Oak trees to be removed: \_\_\_\_\_ a Tree Permit application must be obtained

Describe the types of wildlife found in the project area: \_\_\_\_\_

\_\_\_\_\_

**F. Noise**

Will the project increase noise levels within the project area of surrounding neighborhood?

No  Yes If YES, please describe in detail on a separate sheet

Will the project increase the amount of light, vibration, dust, ash, smoke, or odors during construction or after development?  No  Yes If YES, please describe in detail on a separate sheet.

**G. List of Attached Environmental Reports**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact person for environmental: \_\_\_\_\_ Phone: \_\_\_\_\_

Environmental firm: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**H. Certifications**

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Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Representative for: \_\_\_\_\_

Title: \_\_\_\_\_



# Standard Application - 4

## Project Contact List

Community Development Department – Planning Division

125 East College Street • Covina, California 91723 • (626) 384-5450 / Fax: (626) 384-5479

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

<b>Project Location:</b>		<b>STAFF USE ONLY</b> <b>FILE NO.:</b>  <b>MUNIS:</b>  <b>RELATED FILES:</b>
<b>Applicant:</b>		
<b>Primary Contact Person:</b>		
<b>Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-mail Address:</b>

**Secondary Contact Person: (Please Specify Name, Company, Title)**

<b>Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-mail Address:</b>

**Legal Property Owner:**

<b>Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-mail Address:</b>

<b>Architect:</b>	<b>Contact Person:</b>	
<b>Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-mail Address:</b>

<b>Engineer</b>	<b>Contact Person:</b>	
<b>Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-mail Address:</b>

<b>Landscape Architect</b>	<b>Contact Person:</b>	
<b>Address:</b>		
<b>Phone:</b>	<b>Fax:</b>	<b>E-mail Address:</b>



# Standard Application - 5

## Non-Residential Project Summary Table

Community Development Department – Planning Division

125 East College Street • Covina, California 91723 • (626) 384-5450 / Fax: (626) 384-5479

**PROJECT INFORMATION**

Project Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 General Plan: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_

**PROJECT AREA**

Gross		Acres
Net (Exclusive of dedication for major external and secondary streets)		Acres
AREA DISTRIBUTION (Net Area)	Acres/Sq. FT.	% of Net Project Area
Building Coverage		
Landscape Coverage		
Vehicular Coverage (Including parking, drive aisles, etc.)		
Floor Area Ratio (FAR)		

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

Area of Building Pad	No. of Stores	Gross Floor Area	Proposed Use

**PARKING ( Calculate Each Use Within a Building Separately)**

Type of Use	Parking Ratio	# Spaces Req.	# Spaces Provided
<b>Total:</b>			





# Standard Application - 6 Residential Project Summary Table (5 or more Lots/Units)

Community Development Department – Planning Division

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## PROJECT INFORMATION

Project Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 General Plan: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_

## PROJECT AREA

Gross		Acres
Net (Exclusive of dedication for streets)		Acres
Density		Units/Acre

DWELLING UNITS (Based on Net Area)	Number	Unit Size
Single Family Detached		
Duplex		
Multi Family		
Bachelor		
One Bedroom		
Two Bedroom		
Three Bedroom		
Four Bedroom		
<b>Total:</b>		

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

PARKING	Parking Ratio	# of Units	Spaces Req'd	Spaces Provided
Single Family Detached				
Duplex				
Multi Family				
Bachelor				
One Bedroom				
Two Bedroom				
Three Bedroom				
Four Bedroom				
Guest Parking				
<b>Total:</b>				



# HOUSING DIVISION SUPPLEMENTAL CHECKLIST

Community Development Department, Planning Division

125 East College Street • Covina, California 91723 • (626) 384-5450 / Fax: (626) 384-5479

## HOUSING DIVISION – SUPPLEMENTAL FORM

- 1. Building Address: \_\_\_\_\_
- 2. Existing Square Footage of Building: \_\_\_\_\_
- 3. Is the structure/building being demolished?       Yes     No  
  
If yes, what is the square footage of demolition proposed? \_\_\_\_\_  
  
How many housing units are being demolished? \_\_\_\_\_
- 4. What type of use is being demolished? i.e. Residential (include number of units), Commercial, Office, Industrial. \_\_\_\_\_
- 5. What is the square footage of commercial/industrial/office use proposed? Please specify what type (Commercial, Industrial, or Office). \_\_\_\_\_  
  
\_\_\_\_\_
- 6. What is the total number of housing units proposed at the project site? \_\_\_\_\_
- 7. Will this project require a Tentative Tract Map (TTM) or Tentative Parcel Map (TPM)?     Yes     No  
  
If so, how many subdivisions? \_\_\_\_\_