



**PLANNING PERMIT APPLICATION**

(Please use ink or typewriter)

832 Whitley Avenue Corcoran Ca 93212 (559-992-2151 ext. 232 or 225)

**TO THE CORCORAN PLANNING COMMISSION:**

**Date:** \_\_\_\_\_

- \_\_\_\_\_ **Annexation**
- \_\_\_\_\_ **Conditional Use Permit**
- \_\_\_\_\_ **CUP, Amendment**
- \_\_\_\_\_ **General Plan Amendment**
- \_\_\_\_\_ **Lot line Adjustment**
- \_\_\_\_\_ **Site Plan Review**

- \_\_\_\_\_ **Tentative Parcel Map**
- \_\_\_\_\_ **Tentative Subdivision Map**
- \_\_\_\_\_ **Tentative Subdivision Map Extension**
- \_\_\_\_\_ **Variance**
- \_\_\_\_\_ **Variance / minor**
- \_\_\_\_\_ **Zone Change**

**Planning Reference No.** \_\_\_\_\_

**Code No.** \_\_\_\_\_

**Please use supplemental attachments if needed**

**Address of subject property:** \_\_\_\_\_

**Assessor's Parcel Number of subject property:** \_\_\_\_\_

**Project Business name:** \_\_\_\_\_

**Applicant's Full Name** \_\_\_\_\_

**Address of Applicant** \_\_\_\_\_

**Phone number of applicant ( )** \_\_\_\_\_

**E-mail of applicant** \_\_\_\_\_

**Property Owner's full Name** \_\_\_\_\_

**Property Owner's Address** \_\_\_\_\_

**Phone number of property owner:** \_\_\_\_\_

**E-mail of Property owner:** \_\_\_\_\_

Project main contact/Representative: \_\_\_\_\_

Firm/Company: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone and fax number: \_\_\_\_\_ fax \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Statement: I will be the primary contact and representative of the proposed project with City Staff during the processing of the application. I declare under penalty of perjury that all statements and documents submitted with this application are true and correct to the best of my knowledge**

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

Use proposed, name of project: \_\_\_\_\_

Summary description of the project \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zoning designation: \_\_\_\_\_

Site Area, acres, or square feet if less than one acre: \_\_\_\_\_

Existing streets adjacent to project: \_\_\_\_\_

Existing Use: \_\_\_\_\_

Existing structures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HAZARDOUS WASTE SITE DATA

Pursuant to Section 65962.5(e) of the California Government Code, which states:

“(e) Before a local agency accepts as complete an application for any development project which will be used by any person, the applicant shall consult the list sent to the appropriate city or county and shall submit a signed statement to the local agency indicating whether the project is located in a site which is included on any of the lists compiled pursuant to this section. If the site is included on a list, the list shall be specified on the statement.”

the following statement must be completed by the owner of the subject property or the owners authorized agency before this application can be certified complete by the Kings County Planning Agency:

### STATEMENT:

I have reviewed the “Identified Hazardous Waste Sites” list dated \_\_\_\_\_, 20\_\_\_\_, and state that:

The subject site(s) of this application \_\_\_\_ is \_\_\_\_ is not on the “Identified Hazardous Waste Sites” list.

### Environmental Information

List and describe any other related permits and other public approvals required for this project, including those required by City, County, State and Federal agencies.

Are the following items applicable to the project or its effects?  
On a supplemental attached sheet(s) discuss all items circled yes.

- |   |          |
|---|----------|
| 1. Change in any existing features of any ground contours or hills.   | YES / NO |
| 2. Change in scenic views or vistas from existing residential areas or public Lands or roads.                                     | YES / NO |
| 3. Change in pattern, scale or character of general area of project   | YES / NO |
| 4. Significant amounts of solid waste or litter   | YES / NO |
| 5. Change in dust, ash, smoke, fumes or odors in the vicinity   | YES / NO |
| 6. Change in ocean, bay, lake, stream, river, or ground water quality or quantity<br>Or alteration of existing drainage patterns. | YES / NO |
| 7. Substantial change in existing noise or vibration levels in the vicinity.  | YES / NO |
| 8. Site on filled land or on a slope of 10 percent or more.   | YES / NO |
| 9. Use of disposal of potentially hazardous materials, such as toxic substances<br>flammables, explosives, or general trash.      | YES / NO |
| 10. Substantial change in demand for municipal services. (Police, Fire, water,<br>Sewage, etc.                                    | YES / NO |

11. Substantial increase in fossil fuel consumption (electricity, oil, Natural gas, etc. YES / NO
12. Relationship to a larger project or series of projects. YES / NO

**Environmental Settings**

**On a separate attached sheet please provide narrative information regarding the following:**

1. 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.
2. Describe any existing structures on the site, and the use of the structures. Please provide photographs of the site on disc or flash drive.
3. 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, apartments, shops, shopping center. Etc.) Include scale of development, (height, frontage, set-backs). Attach photographs on disc or flash drive.

**Fill in all that apply**

Is the property currently in escrow? YES / NO

If yes, to whom? \_\_\_\_\_

Developer/Builder \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Engineer \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Architect \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Name of principals, partners, and or trustees

If applicable, list the names of any and all principals, partners, and or trustees where any property owner or developer / builder is a corporation, partnership, or trust. For corporations provide names of officers and directors. For trusts provide names of trustees and beneficiaries.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SITE PLAN DRAWING; REQUIRED FOR CONDITIONAL USE PERMITS, SITE PLAN REVIEW, INSTRUCTIONS FOR PREPARING A SITE PLAN DRAWING**

The site plan must be drawn in a neat and legible manner on paper a minimum of 8½ by 11 inches to a maximum of 24 by 36 inches in size. The scale must be large enough to show all details clearly. Twenty (20) copies of the site plan including one (1) reproducible print not larger than 11” x 17”, and a PDF copy on disk or emailed must be submitted with this application form. If additional copies will be necessary you will be notified. The following information must be included in the site plan:

1. Name, address and contact information of the legal owner of the site
2. Name and address and contact information of the applicant.
3. Name address and contact information of the person or company responsible for preparing the site plan exhibit.
4. Address of property, if it has been assigned and Assessor’s Parcel Number (APN)
5. Legal description of the exterior boundaries of the project site, or legal description of the property comprising the project site.
6. The names of all utility providers
7. Date, north arrow, and scale of drawing.
8. Dimension of the exterior boundaries of the site.
9. Show flood zone designation

10. Name all adjacent streets, roads, or alleys, showing right-of-way and dedication widths, reservation widths, and all types of improvements existing or proposed.
11. Locate and give dimensions of all existing and proposed structure on the property. Indicate the height and depth of the buildings and their distance to at least two (2) property lines.
12. Depictions of all existing and approved General Plan Land Use, zoning, existing and intended uses and proposed parcel boundaries, utility or Corcoran Irrigation District easements, BNSF easements, existing wells and septic tanks or any underground uses known, within 100 feet of the project site.
13. Dimensions and direction of travel of driveways approaches
14. Show access, internal circulation, parking and loading space. Detail off-street parking, exists and entrances, complete with dimensions and numbers of parking spaces, including handicapped space.
15. Footprints of all proposed buildings, including the number of stories, use, and square footage
16. Show all fences, walls, and landscaping; their locations, heights, materials and/or type.
17. Show location and type of trash enclosures
18. Show all signs; their location, size, height, and material used.
19. Note all external lighting; location and the general nature and hooding devices.
20. Indicate method of storm water drainage.
21. Note the distances to the nearest fire hydrant.
22. Show existing and proposed landscaping.
23. The applicant should include any additional information that may be pertinent or helpful concerning this application.
24. Other data may be required to permit the zoning administrator to make the required findings.
25. Project proposed phasing lines.
26. Copy of Traffic study if required
27. Copy of Noise study if required
28. Copy of conceptual building elevation plans if required

**Site Characteristics:**

Parcel size: \_\_\_\_\_ Building square footage: \_\_\_\_\_

Are there any proposed building modifications: YES / NO

Estimated cost to modifications: \_\_\_\_\_

Describe proposed modifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Existing or prior building use: \_\_\_\_\_

Proposed Building use: \_\_\_\_\_

Proposed hours of operation: \_\_\_\_\_

Days of week / Operation: (circle) Su M T W Th F Sa

Number of existing employees: Existing: \_\_\_\_\_ Proposed \_\_\_\_\_

Number of shifts: \_\_\_\_\_ Customers per day: (estimated) \_\_\_\_\_

Describe any truck or rail deliveries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please identify any unique or specific traffic patterns that will require accommodations for operations, customers, or employees: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any special events planned for the facility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Flood zone designation \_\_\_\_\_ Height of required minimum building elevation \_\_\_\_\_

Historic District: YES / NO Specific or master plan area: YES / NO

Specific Study area: YES / NO Agriculture or nature preserve: YES / NO

Williamson Act: YES / NO If yes, Preserve # \_\_\_\_\_ Contract # \_\_\_\_\_

Has a notice of non-renewal been filed? YES / NO Date filed \_\_\_\_\_

Are there any known protected trees or plants on the site? YES / NO

If yes, Please describe: \_\_\_\_\_

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\_\_\_\_\_ Increase traffic within ¼ mile of the proposed project

\_\_\_\_\_ Known Cultural resources on site

\_\_\_\_\_ Project within ¼ mile of any school

\_\_\_\_\_ Increase in light or glare to immediate vicinity after project is complete

\_\_\_\_\_ Increase in noise to immediate vicinity after project is complete

### **Variance Supplemental application**

**The approval of a variance shall not set the precedent for the granting of any future variances. Each application shall be considered only on its individual merits.**

Variance requested \_\_\_\_\_

Existing Code or Standard: \_\_\_\_\_

Details of Variance requested: \_\_\_\_\_

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On a separate attached sheet, please provide the applicant's reasoning and analysis pertaining to each of the required findings that justify the variance request.

Staff's analysis and recommendations on the variance request will be based in large part on the applicant's analysis for each of the findings listed below.

**EACH FINDING MUST HAVE A SEPARATE JUSTIFICATION. DO NOT COMBINE ALL FIVE FINDINGS INTO ONE NARRATIVE. DESCRIBE EACH OF THE FIVE FINDINGS SEPERATLY.**

**THE PLANNING COMMISSION MUST MAKE THESE FINDINGS FOR A VARIANCE TO BE APPROVED**

1. The strict or literal interpretation and enforcement of the specified regulation would result in practical difficulty or unnecessary hardship inconsistent with the objectives of the zoning ordinance.
2. That there are exceptional and extraordinary circumstances or conditions applicable to the property involved which do not apply generally to other properties classified in the same zone.
3. The strict or literal interpretation and enforcement of the specified regulation would deprive the applicant of privileges enjoyed by the owners of other properties in the same zone.
4. That the granting of the variance will not constitute a grant of special privilege inconsistent with the limitations of other properties classified in the same zone
5. That the granting of the variance will not be detrimental to the public health, safety or welfare, or materially injurious to properties or improvements in the vicinity.

**The following additional findings are required for Off-street parking or loading facilities.**

1. That the granting of the variance will not affect the present or anticipated future traffic volumes generated by the use of the site in the vicinity.
2. That the granting of the variance will not result in the parking or loading of vehicles on public streets in a manner that will interfere with the free flow of traffic on the streets.
3. That the granting of the variance will not create a safety hazard or any other condition inconsistent with the zoning code.

The Planning Commission shall add conditions necessary to assure that the variance adjustment shall not constitute a grant of special privilege.

I declare under penalty of perjury that the foregoing is true and correct

I \_\_\_\_\_ hereby certify that I am the owner of the property identified in this application; or that I am an authorized agent of \_\_\_\_\_, who is owner of said property; or, that I am the employee or agent of \_\_\_\_\_ which is a public utility company or other agency with the powers of eminent domain, and that I am authorized to act in their behalf, and that this application, to the best of my knowledge and belief, is true and correct.

\_\_\_\_\_  
Signed

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

\_\_\_\_\_

Phone Number \_\_\_\_\_

Received by: \_\_\_\_\_

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