



Preliminary Project Review (PPR) Request

General Information			
Do you have an assigned City Planner?	YES (enter name)		NO (contact Planning Division)
Community Meeting(s) date(s):			
Contact/Applicant Name:			
Mailing Address:			
Phone Number:	()	E-mail:	
Property Owner: (if different from above)			
Mailing Address:			
Phone Number:	()	E-mail:	
Project Information			
Site address(es):		Site area:	
Existing use:		Existing building gross square feet (GSF):	
Proposed use:		Proposed building gross square feet (GSF):	
Does or did the site contain under or above ground storage tanks or oil wells? (circle one)		YES	NO
Will residential units be demolished? (circle one) YES NO <i>If yes how many?</i>			
What year were the units constructed?			
Are the units occupied? YES NO <i>If yes, how many?</i>			
Are any of the units rented out or were they rented out at some point? YES NO <i>If so, when was the end of the last tenancy</i>			
Are there leases in place for the units that are/were rented out? YES NO			
Project description:			
Total project estimated valuation:	\$	Applicant Signature:	
Two (2) 24" x 36" copies and two (2) 11" x 17" copies of the proposed project's conceptual site plan shall be submitted with this request, along with the applicable review fee. The project's floor plans and elevations shall also be submitted if available. Conceptual site plan shall be drawn to scale, and shall include the following information:			
<ul style="list-style-type: none"> <input type="checkbox"/> North arrow and scale bar <input type="checkbox"/> Assessor's Parcel Number(s) and property legal description <input type="checkbox"/> Site property lines (including interior lot lines), clearly identified <input type="checkbox"/> City limits (if property is adjacent to another jurisdiction) <input type="checkbox"/> Building footprint(s), including setbacks from property lines <input type="checkbox"/> Existing & proposed public improvements <input type="checkbox"/> Proposed landscaped areas <input type="checkbox"/> Vehicular circulation (access points, driveways/aisles) <input type="checkbox"/> Proposed parking areas <input type="checkbox"/> Parking lot layout, including number & type of parking spaces provided (include tabulation) <input type="checkbox"/> Other(s): 			
Plans that do not include the above information will be considered <u>incomplete</u> and <u>will not be accepted</u>.			



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PLEASE NOTE: Upon completion of the PPR process, all departmental comments received from the City, which will be required at the time of discretionary application submittal, will expire six (6) months from the date of the Project Review Committee (PRC) meeting date noted below. A written request for time extension, up to a maximum time of six (6) additional months, can be submitted to and approved by the Planning Division if needed.

FOR STAFF USE ONLY		Project Review Committee (PRC) Meeting Date:	
Accepted by:		Date:	

Case Manager: _____ Title: _____ Phone No.: _____

Preliminary determination of application(s):		<input type="checkbox"/> SPR	<input type="checkbox"/> CUP	<input type="checkbox"/> Other(s):
Zoning:	General Plan Designation:	Overlay Zone:	Other:	