

City of San Marino 2200 Huntington Drive San Marino, CA 91108 (626) 300-0711

PLANNING COMMISSION HEARING

PROJECT ADDRESS	APPLICATION NUMBER			
OWNER'S LAST NAME				
APPLICATION FOR PLANNING COMMISSION HEARING				
APPLICATION FOR:				
VarianceLot Line Adj.Conditional UseSubdivision				
INSTRUCTIONS TO APPLICANT:				
 3. Filing fees (non-refundable): The following fees shall be deposited with the Secret of filing each such application: (a) Variance Minor 	\$1,260.00			
Major	\$2,450.00			
(b) Conditional Use Permit Minor Major	\$1,420.00 \$3,165.00			
(c) Subdivisions* 3-4 Lots 5+ Lots	\$2,715.00 plus \$2,000.00 deposit \$5,000.00			
(d) Rezone/Boundary Change	\$5,000.00			
(e) Lot Line Adjustment	\$295.00 plus \$2,000.00 deposit			
(f) Modification to Variance/Conditional Use Perm	nit \$955.00			

NOTE: A fee of \$65.00 will be added if applicant does not provide radius map and ownership list.

*ADDITIONAL COST FOR CITY ENGINEER'S TIME



City of San Marino 2200 Huntington Drive San Marino, CA 91108 (626) 300-0711

PLANNING COMMISSION HEARING

Calculation of Planning and Design Review Fees

For up to three conditional use permit, variance and/or design review applications for a single project to be processed concurrently, the fee collected shall be the fee required for the single highest application. For more than three such applications, the fee collected shall be the cost as provided, plus the cost for each additional individual application.

Please complete the following:

- 1. Date: ____
- 2. The undersigned applicant(s) is (are) the owner(s) of property located at:
- 3. And legally described as follow (Lot No., Block No., Tract No.):

(legal description may be attached separately if necessary)

- 4. State in your own words:
 - a. The use (or improvement) you intend to make to the above described property:
 - b. The provisions or restrictions of the code which prompts the need for this application:
- 5. I (we) certify or declare under penalty of perjury, that the foregoing is true and correct*. I (we) also understand that in submitting this application that I (we) am (are) to expect City officials to conduct exterior inspections of my (our) property.

Mailing Address:		 	
Owner's Phone Number (Ho	ome): () _	 	
Owner's Phone Number (Wo	ork): () _		
Agent's Name and Address:		 	

*The verification form being signed under penalty of perjury does not require notarization.



City of San Marino 2200 Huntington Drive San Marino, CA 91108 (626) 300-0711

PLANNING COMMISSION HEARING

FOR OFFICE USE ONLY			
DATE FILED:	PUBLIC NOTICES MAILED:		
AMOUNT PAID:	PUBLISHED:		
RECEIPT NO.:			
GRANTED	SUSTAINED		
DISPOSITION:	APPEAL:		
DENIED	REVERSE		
CONDITIONS	CONDITIONS		
EXPIRATION DATE:			