

CITY OF PERRIS

DEVELOPMENT SERVICES DEPARTMENT PLANNING DIVISION 135 NORTH D STREET, PERRIS, CA 92570-2200 TEL.: (951) 943-5003 FAX: (951) 943-8379 For Office Use Only

Date Submitted
Case Number
Type of Case
Fee Amount
Receipt Number
Received By

MINOR SINGLE FAMILY REVIEW (MSFR) APPLICATION (PLEASE TYPE OR PRINT)

Project Address:		Assessor's Parcel #:			
Tract Map/Parcel Map Number:	Size of Property:				
Description of Proposed Project:					
Use of New Construction:	Square Footage of New Construction:				
Proposed Setbacks from Property Line: Front	nearest Side	Opposite Side	eRear		
<i>Please include samples</i> Roofing MaterialExterior Buildi	ng Materials	Colors			
Applicant's Name: (Notarized letter from building owner/contra	actor is required when u				
Contact Person		Fax Number			
Mailing Address:		CITY	STATE	ZIP	
Property Owner's Name:		Phone Number:			
Mailing Address:		CITY	STATE	ZIP	
Are you the CONTRACTOR or OWNER/BUILI	. ,				
Contractor Name:					
Contact Person		_Fax Number			
CA Contractor Lic. #	Licens	е Туре:	License Exp.:		
Mailing Address:STREET		CITY	STATE	ZIP	
Worker's Comp. Carrier:	Policy	#:	Ins. Exp. Date:		

APPLICATION PACKAGE MUST INCLUDE THE FOLLOWING ITEMS:

PLAN SHEETS SHOULD NOT EXCEED 11" X 17"

- (1) 5 copies of scaled or fully dimensioned site plans. These site plans must include a street tree and landscaping in the front yard.
- (2) 5 copies building elevations. (1 shall be *colored and materials* indicated)
- (3) 5 copies floor plans.

The above plans must be assembled in sets (<u>sets are site plans, elevations, and floor</u> <u>plans</u>) and folded to a maximum size of $8 \frac{1}{2}$ " X 11" per section 19.50.050 paragraph C (2)-Revision block to the outside

- (4) A grant deed or title report (for verification of ownership).
- (5) A copy of the Assessors map page.
- (6-A) Mobile homes brought in from out of state will require a HUD label. The HUD label may be obtained by calling 202/708-6423. The Department of Housing and Community Development has stated that mobile homes built prior to 1974 will not qualify for a HUD label (CERTIFICATION).
- (6-B) Alterations to a mobile home or modular home must first go through the Department of Housing and Community Development at 3737 Main Street, Suite 400, Riverside, CA (951/782-4420)
- (7) Request for verification for Manufactured/Mobile home certification label @WWW.IBTS.ORG
- (8) Photos of surrounding structures and properties, within the general area.

THE SITE PLAN MUST INCLUDE THE FOLLOWING:

- (1) Name, address and telephone number of applicant, owner and engineer.
- (2) Assessors parcel number and legal description.
- (3) Scale of plan.
- (4) North arrow.
- (5) Overall dimensions of the property and location of adjoining lot lines.
- (6) Location and dimensions of existing structures and easements.
- (7) Location of existing water and sewer hook ups and proposed septic tanks, leach lines and seepage pits.
- (8) Setback dimensions.
- (9) A description of walls, landscaping, architectural treatments, and other methods which will be used to ensure expeditious processing and that the proposal will blend in with the surrounding neighborhood.
- (10) A vicinity map.
- (11) Appropriate deposit made payable to the City of Perris.

MINOR SINGLE FAMILY REVIEW APPLICATION

NOTE: Plan review, permits, and inspections are required from the Building Division prior to construction or occupancy of the proposed project.

I hereby acknowledge that if any of the information required above is not presented at the time of application that this may delay the processing of this project.

<u>Certification</u>: I hereby certify that I understand the information and requirements referenced in this application and that the information furnished above and in any attached exhibits is true and correct.

Applicant's Signature

Date

Property Owner's signature

Date

Applicant's Printed Name

Property Owner's Printed Name

When owner & applicant are different, with the exception of licensed contractors, notarization shall be required.

PROPERTY OWNER(S) AUTHORIZATION FORM

I/We, the owner(s) of	f the subject p	property, do her	eby authorize	F OF LEGAL PROPE	
Dated this	day	of	,20	<u> </u>	
Signature(s) of Legal					
State of California County of Riverside	/				
On this a Notary Public, pers name(s) are/is subscr same.	_ day of onally appear ibed to the w	red	9, bef	ore me known to me to be the p edged that he/she/they e	erson(s) whose executed the
Witness my hand and Signature Name (printed)					

NOTE: If the property is a part of a corporation a list of authorized corporate officers must be provided.

Hazardous Waste Site Certification: (Required pursuant to Section 659652.5 (f) of the California Government Code) The applicant/owner hereby certifies that they have consulted the list of hazardous waste sites for the City of Perris, dated

(must be filled in), and the project is/is not (circle one) located one a site included on the list of hazardous waste sites for the City of Perris.

Hazardous Materials Certification: (Required pursuant to Section 65850.2 of the California Government Code)

- 1. The applicant/owner herby certifies that the project **will/will not** <u>(circle one)</u> need to comply with the requirements for a permit for construction or modification from the South Coast Air Quality Management District, 21865 E. Copley Drive, Diamond Bar, CA 91765-4182, (909) 396-2000.
- 2. The applicant/owner herby certifies that the project **will/will not** (circle one) have more than a threshold quantity of a regulated substance, or will contain a source or modified source of hazardous air emissions. Please attach a list of any regulated substances and quantities anticipated, if applicable. (Note: Any quantity of hazardous waste or handling or storage of any quantity of acutely hazardous materials requires filing of a Management Plan and a permit from County Environmental health Services. A Management Plan and permit is also required for other hazardous materials if more than the threshold quantities are present, which are typically either 55 gallons of liquid, 200 cubic feet of pressurized gases, or a weight of 500 pounds.)
- 3. Describe any use, storage, or discharge of hazardous and/or toxic materials in the known history of this property. Please list the materials and dates, if known.
- 4. The project **is/is not** (circle one) located within one-quarter (1/4) mile of a school.

<u>NOTE</u>: Plan review, permits, and inspections are also required from the Building and Safety Division prior to any construction or occupancy of the proposed project. The applicant/owner shall comply with all requirements of the Perris Municipal Code in construction and use of the proposed project.

<u>Certification</u>: I hereby certify that I understand the information and requirements referenced in this application and that the information furnished above and in any attached exhibits is true and correct.

Applicant's Signature	Date Property Owner		signature	Date					
Applicant's Printed Name		Property Owner's	Printed Name						
For Office Use Only									
eneral PlanZoning		Permitted	Permitted Use						
Specific Plan Designation (if applicabl	e)	Consisten	t						
Setbacks: Required: Front	Side	Rear							
Provided: Front	_Side	Rear							
Additional Parking Spaces Required	Pro	ovidedPa	aved Access						
Architectural Compatibility: Roofing M	Eaves	Colors							
Compatible to Existing Buildings on Site									
Compatible to Surrounding Properties									
Approved By									
Approved By Signature		Printed Nam	e						
Title		Date							