



# Planner Consultation

A **PLANNER CONSULTATION-(CNS)** is a paid session with planning staff to answer detailed questions about the planning process and regulations, ordinance requirements or permit procedures. You will receive a monthly invoice for all processing costs. A refund will be given if final charges are less than your security deposit, or you will receive a final bill, if final charges exceed your security deposit. A pre-application may be recommended if the scope of your request is extraordinary. Please remember that planners cannot predict final decisions nor answer "will my project be approved?" A security deposit must be received at the time of application submittal.

## THIS PACKAGE CONTAINS \_\_\_\_\_

✓ APPLICATION

## AND, IF ✓'D, ALSO CONTAINS \_\_\_\_\_

AGREEMENT TO PAY FOR PROCESSING FEES

[Click to download Agreement to Pay form](#)

### South County Office

123 E. Anapamu Street  
Santa Barbara, CA 93101  
Phone: (805) 568-2000  
Fax: (805) 568-2030

### North County Office

624 W. Foster Road, Suite C  
Santa Maria, CA 93455  
Phone: (805) 934-6250  
Fax: (805) 934-6258

P&D Website: [www.countyofsb.org/plndev/](http://www.countyofsb.org/plndev/)

## SUBMITTAL REQUIREMENTS FOR A PLANNER CONSULTATION

### Cities Sphere of Influence

Is the site within a city sphere of influence? \*\*  Yes  No

If yes, which city? \_\_\_\_\_

\_\_\_\_\_ 1 Copy of completed Application

\_\_\_\_\_ 1 Check payable to Planning & Development

**This deposit will be held on account, similar to a security deposit. You will receive monthly invoices that must be paid within 25 days from the date of the invoice. The deposit will be applied to the final invoice.**

\_\_\_\_\_ 1 Agreement to Pay For Processing Fees

[Click to download Agreement to Pay form](#)

\*\* If additional information is needed regarding location of a City's Sphere of Influence, please contact our zoning information counter.



PLANNING & DEVELOPMENT  
PERMIT APPLICATION

SITE ADDRESS: \_\_\_\_\_

ASSESSOR PARCEL NUMBER: \_\_\_\_\_

PARCEL SIZE (acres/sq.ft.): Gross \_\_\_\_\_ Net \_\_\_\_\_

ZONING: \_\_\_\_\_

COMPREHENSIVE/COASTAL PLAN DESIGNATION: \_\_\_\_\_

Are there previous permits/applications? no yes numbers: \_\_\_\_\_

(include permit# & lot # if tract)

Is this application (potentially) related to cannabis activities? no yes

Did you have a pre-application? no yes if yes, who was the planner? \_\_\_\_\_

Are there previous environmental (CEQA) documents? no yes numbers: \_\_\_\_\_

Project description summary: \_\_\_\_\_

1. **Financially Responsible Person** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
(For this project)

Mailing Address: \_\_\_\_\_  
Street City State Zip

2. **Owner:** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street City State Zip

3. **Agent:** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street City State Zip

4. **Arch./Designer:** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State/Reg Lic# \_\_\_\_\_  
Street City State Zip

5. **Engineer/Surveyor:** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State/Reg Lic# \_\_\_\_\_  
Street City State Zip

6. **Contractor:** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State/Reg Lic# \_\_\_\_\_  
Street City State Zip

I hereby certify to the best of my knowledge, the information contained in this application and all attached materials are correct, true and complete.

Signature

Print name/date

COUNTY USE ONLY

Case Number: \_\_\_\_\_ Companion Case Number: \_\_\_\_\_

Supervisorial District: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

Applicable Zoning Ordinance: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Project Planner: \_\_\_\_\_ Accepted for Processing \_\_\_\_\_

Zoning Designation: \_\_\_\_\_ Comp. Plan Designation \_\_\_\_\_

## PLANNER CONSULTATION APPLICATION

*Planners may be consulted when you have numerous or complex questions, yet you have not yet developed your idea enough to apply for a pre-application meeting. Please be advised that staff can predict neither the outcome of project review nor the decision-maker action.*

What question(s) would you like answered during this consultation? (Attach additional sheets if necessary)

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