

Development Services Department Planning Division 13220 Central Avenue Chino, CA 91710 (909) 334-3253

www.cityofchino.org

Landscape Plan Review Application

By completing the information requested, this application will serve as a request for a Landscape Plan Review. Planning Division staff can assist you in completing this application and may be reached at (909) 334-3253. Planning Division counter hours are 7:30 AM to 5:30 PM, Monday through Friday.

		Applicant Name:				
Project Number:						
Type(s) of review and approval requested (Check all that apply):						
	□ Landscape Pla	e & Irrigation Plan/Lighti n/Wall Plan Review	ng 🗆 Conce	ptual 🗆 🗆	Construction	
Property's Owner Name:				_Phone No.:		
Address:				_City:	Zip:	
Landscape Architect:				_Phone No.:		
Address:				_City:	Zip:	
Contact:		Phone N	o.:	Email:		
MINIMUM REQUIREMENTS FOR FILING						
1.	Completed Lan	Completed <i>Landscape Plan Review</i> and filing fee				
2.	Four (4) full sets of landscape plans prepared by, and bear the seal of, a Landscape Architect registered with the State of Califonia and meets:					
	A) Chapter 20	.19 Landscape section o	of the City of Chino's Zor	ning Code		
3.	One (1) Copy of Conditions of Approval					
4.	One (1) Color set of approved conceptual landscape plans.					
APPLICANT'S AFFIDAVIT I hereby certify that the statements and information contained herein are in all aspects true and correct to the best of my knowledge and belief. Furthermore, I have been advised of City laws and resultations relating to Landsonian.						
of my knowledge and belief. Furthermore, I have been advised of City laws and regulations relating to Landscaping, and understand and agree to comply with all applicable ordinances and restrictions.						
Contractor/Applicant:				_Date:		
Owner:				_Date:		
Staff Use Only						
O Gairr	File #:	Date:	Received By:	Filing Fee:	Receipt #:	