



City of Rosemead

PLANNING APPLICATION FORM

APPLICATION TYPE	FEE	CASE NUMBER
<input type="checkbox"/> GENERAL PLAN AMENDMENT	\$2,000.00+ \$50/parcel	GPA
<input type="checkbox"/> CONDITIONAL USE PERMIT	\$1,320.00	CUP
<input type="checkbox"/> ADMINISTRATIVE USE PERMIT	\$500.00	AUP
<input type="checkbox"/> MUNICIPAL CODE AMENDMENT	\$2,750.00	MCA
<input type="checkbox"/> TENTATIVE PARCEL MAP (paid)	\$1,385.00 + \$100/lot	TPM
<input type="checkbox"/> TENTATIVE TRACT MAP	\$1,385.00 + \$100/lot	TTM
<input type="checkbox"/> VARIANCE (Residential)	\$975.00	ZV
<input type="checkbox"/> VARIANCE (All Other)	\$1,375.00	ME
<input type="checkbox"/> MINOR EXCEPTION	\$300.00	ZC
<input type="checkbox"/> ZONE CHANGE	\$1,700.00+ \$50/parcel	SP
<input type="checkbox"/> PLANNED DEVELOPMENT REVIEW	\$1,200.00	PDR
<input type="checkbox"/> DESIGN REVIEW		MOD
<input type="checkbox"/> MODIFICATION OF ENTITLEMENTS	\$800.00	PCN
<input type="checkbox"/> SPECIFIC PLAN (In-house)	\$700.00 (per review)	
<input type="checkbox"/> SPECIFIC PLAN (Outsource)	Cost+ 10%	
<input type="checkbox"/> ADMINISTRATIVE DETERMINATION	\$450.00	
<input type="checkbox"/> PUBLIC CONVENIENCE OR NECESSITY	\$980.00	
<input type="checkbox"/> CEQA EXEMPTION (if applicable)	\$90.00	
<input type="checkbox"/> LA COUNTY CLERK RECORDING FEE	\$75.00	
<input type="checkbox"/> PUBLICATION	\$500.00	
<input type="checkbox"/> OTHER (See Fee Schedule for Development Agreement, Density Bonus, Joint/Off-Site Parking Agreement, Reasonable Accommodation, Time Extension)		
	TOTAL	

APPLICANT TO COMPLETE

APPLICANT NAME _____ EMAIL ADDRESS _____

PHONE _____ CELL _____ FAX _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

APPLICANT REPRESENTATIVE

REPRESENTATIVE NAME _____

PHONE _____ CELL _____ FAX _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

PROPERTY OWNER

PROPERTY OWNER NAME _____

PHONE _____ CELL _____ FAX _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

SEND CORRESPONDENCE TO (Circle all that apply):

_____ APPLICANT _____ PROPERTY OWNER _____ APPLICANT REPRESENTATIVE

PROJECT DESCRIPTION

PROPOSED PROJECT _____

PROJECT ADDRESS/LOCATION _____

APN _____

GENERAL PLAN AND ZONE DESIGNATION _____

REQUEST (SPECIFY PROPOSED SQ FT., LOT SIZE, USE, AND BLDG. SQ FT) _____



CITY OF ROSEMEAD

VARIANCE INFORMATION SHEET

DESCRIPTION:

Each zoning classification requires development standards such as building setbacks, minimum lot areas, and parking requirements. Upon occasion there are situations when the strict application of the zoning ordinance is inappropriate because the property cannot physically meet the requirements. Some of these physical restrictions may include the size, shape or topography of the property. The variance procedure is intended to provide some flexibility in zoning requirements to allow development of unusual properties. Pursuant to State law, certain findings must be made and the Variance procedure cannot be used to allow a land use, which is not authorized by the applicable zoning classification

PROCESS:

1. **Pre-Application Meeting(s):** A meeting with the Planning Department is strongly encouraged PRIOR to submitting an application. Such a meeting will help provide you with information in terms of requirements, standards, and fees and will help you in preparing your application.
2. **Development Review Committee (DRC):** The DRC is an advisory committee composed of City Staff and other agencies which review projects for compliance with existing code and standards. The DRC does not have formal decision making authority. Prior to public hearing, a DRC meeting is scheduled. After the DRC meeting, you will be advised of conditions of approval and the City Staff's recommendation on your application. There is an opportunity at this stage of the process to discuss areas of concern or differences and resolve them prior to Planning Commission and City Council Action.
3. **Planning Commission:** A public hearing before the Planning Commission is required for Variance applications. The Planning Commission may approve the request if they determine that there are compelling physical constraints which affect the ability of the property to meet the zoning requirements. The decision of the Planning Commission is final unless appealed to the City Council.

**CITY OF ROSEMEAD
VARIANCE
SUBMITTAL REQUIREMENTS**

NOTE: Diagram requirements for Variance applications depend on each type of case. Typical diagram requirements are listed below. However, applicants should discuss the specific nature of the Variance request with the Planning Department prior to submitting the application in order to determine the appropriate diagram requirements.

- 1. APPLICATION FORM, WITH OWNER & APPLICANT'S SIGNATURE.
- 2. ENVIRONMENTAL APPLICATION FORM.
- 3. APPLICATION FEES (See Fee Schedule).
- 4. PROPERTY OWNER'S MAP AND TWO (2) SETS OF GUMMED LABELS (See attached Mailing Lists/Labels Instructions).
- 5. 10 COPIES OF A DIAGRAM CLEARLY DESCRIBING THE VARIANCE REQUESTS: The diagram should meet the following criteria:
 - a. Scale: Appropriate to describe request. For example, for setback encroachments on residential property, a scale of 1" = 10' or 20' is usually adequate.
 - b. Diagram Details: Provide sufficient detail to adequately describe the request. For example, for set back encroachment on residential property, show such items as the property lines, the location of the existing and proposed structure, the necessary dimensions and distances describing the request, and how it affects the adjacent property.
 - c. The diagram must clearly describe in graphic format the nature of the request.
- 6. SUBMIT PHOTOS OF SITE AND SURROUNDING PROJECT AREA ON 8 1/2" X 11" SHEETS. ALSO SUBMIT COPIES OF PHOTOS IN DIGITAL FORMAT ON A CD OR DVD.
- 7. EXPLANATION OF APPLICANT INDICATING WHY VARIANCE MEETS THE FOLLOWING FINDINGS:
 - 1. There are special circumstances applicable to the property (e.g., location, shape, size, surroundings, or topography), so that the strict application of this Development Code denies the property owner privileges enjoyed by other property owners in the vicinity and under identical zoning districts; and
 - 2. Granting the Variance:

- a. Would not constitute a grant of special privilege inconsistent with the limitations on other properties classified in the same zoning district; and
- b. Would not authorize a use or activity which is not otherwise expressly authorized by the zoning district regulations governing the subject property.

8. OTHER INFORMATION DEEMED NECESSARY BY THE CITY.



**CITY OF ROSEMEAD
PLANNING DIVISION**

AFFIDAVIT – PROPERTY OWNER

Site Address: _____

Request: _____

AFFIDAVIT

I/We, _____, hereby certify that I/We am/are the applicant(s) involved in this request, and that the foregoing statements and answers herein contained, and the information herewith submitted, are in all respects true and correct to the best of my/our knowledge and belief.

Signature(s): _____

Print Name(s): _____

Mailing Address:

Address Number Street Apt./Suite # City State Zip Code

Phone: (_____) _____ Date: _____

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)



**CITY OF ROSEMEAD
PLANNING DIVISION**

AFFIDAVIT – APPLICANT

Site Address: _____

Request: _____

AFFIDAVIT

I/We, _____, hereby certify that I/We am/are the applicant(s) involved in this request, and that the foregoing statements and answers herein contained, and the information herewith submitted, are in all respects true and correct to the best of my/our knowledge and belief.

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WITNESS my hand and official seal.

Signature _____ (Seal)



ENVIRONMENTAL INFORMATION FORM

Date Filed: _____

GENERAL INFORMATION

1. Name and address of developer or project sponsor: _____

2. Address of project: _____

Assessors Block and Lot Number: _____

3. Name, address and telephone number of person to be contacted concerning this project:

4. Indicate number of the permit application for the project to which this form pertains: _____

5. List and describe any other related permits and other public approvals required for this project, including those required by city, regional and federal agencies: _____

6. Existing Zoning district: _____
7. Proposed use of site (Project for which this form is filed): _____

EXISTING PROPERTY INFORMATION

This section of the Environmental Assessment is for information regarding the Existing property only. *Your application is complete when all attached supplemental applications are completed and submitted. The project planner will notify you if any additional items or reviews are necessary.

Square Footage of Property: _____ Average slope of land if over 15% _____

Surrounding Land Uses:

North: _____
 South: _____
 East: _____
 West: _____

EXISTING BUILDING(S)	BUILDING A	BUILDING B	BUILDING C	BUILDING D
Total gross square footage				
Total commercial gross square footage				
Total residential gross square footage				
Year built				
Building footprint in square feet				
Open space / landscaping square footage				
Paving square footage				
Number of parking spaces				
Height of building in feet				
Number of stories				
Number of housing units				
Square feet to be demolished				
Number of covenanted affordable units demolished				
Number of housing units demolished				
Number of hotel / motel rooms to be demolished				
To be altered? (yes / no)				
To be relocated? (yes / no)				
Un reinforced masonry? (yes / no)				
Type of use (i.e. residential, commercial, mixed uses,				

* Continue to Proposed Information Section

ADDRESS OF LOCATIONS OF EXISTING BUILDINGS:

Building A: _____

Building B: _____

Building C: _____

Building D: _____

PROPOSED PROJECT INFORMATION

This section of the Environmental Assessment is for information regarding the Proposed project only.

1. Estimated Valuation: _____

2. Explain if the project is located in a geological hazard area (i.e. hillside area, Seismic fault, erosive soils): _____

(For more information, please review the City's Geotechnical and Engineering Geology Consultation and Review Process Handout for projects that are required to submit these special studies.)

3. Amount of grading proposed: Cut: _____ Fill: _____ Balance: _____
 Imported: _____ Exported: _____

4. Type of development (single family residence, apartments, condominiums, commercial, industrial, institutional): _____

PROPOSED BUILDING(S) BUILDING A BUILDING B BUILDING C BUILDING D

PROPOSED BUILDING(S)	BUILDING A	BUILDING B	BUILDING C	BUILDING D
Total gross square footage				
Total commercial gross square footage				
Total residential gross square footage				
Building footprint in square feet				
Open space square footage				
Landscaping square footage				
Height of building in feet				
Number of stories				
Number of parking spaces				
Number of housing units				
Number of bedrooms				
Hotel / motel number of rooms				
Hours of operation				
Number of employees				
Square feet of restaurant seating area				
Number of fixed seats (restaurant)				
Number of hotel / motel rooms to be				
UBC occupancy group				
UBC construction type				
Fire sprinklers? yes / no				
Type of use (i.e. residential, commercial,				

* If there are additional buildings on the site, please attach a separate sheet with the above information for each building.

5. If residential, include the number of units, schedule of unit sizes, range of sales prices or rents, and type of household size expected.

6. If commercial, indicate the type, whether neighborhood, city or regionally orientated, square footage of sales area, and loading facilities.

7. If industrial, indicate type, estimated employment per shift, and loading facilities.

8. If institutional, indicate the major function, estimated employment per shift, estimated occupancy, loading facilities, and community benefits to be derived from the project.

9. Total housing units: _____

10. Is this an affordable Housing Project? Yes No # of affordable units: _____

ATTACH AN EXPLANATION of any questions answered with yes.

11. Is this a phased project? Yes No

12. Will there be demolition or removal of any structure of any age? Yes No

13. Will there be any alteration of any existing structure? Yes No

14. Are the following items applicable to the project or its effects? Discuss below all items checked yes (attach additional sheets as necessary).

	Yes	No
1. Change in existing features of any bays, tidelands, beaches, or hills, or substantial alteration of ground contours.	<input type="checkbox"/>	<input type="checkbox"/>
2. Change in scenic vistas from existing residential areas or public lands or roads.	<input type="checkbox"/>	<input type="checkbox"/>
3. Change in patter, scale or character of general area of project.	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
4. Significant amounts of solid waste or litter.	<input type="checkbox"/>	<input type="checkbox"/>
5. Change in dust, ash, smoke, fumes or odors in vicinity.	<input type="checkbox"/>	<input type="checkbox"/>
6. Change in ocean, bay, lake, stream or ground water quality or quantity, or alternation of existing drainage patterns.	<input type="checkbox"/>	<input type="checkbox"/>
7. Substantial change in existing noise or vibration levels in the vicinity.	<input type="checkbox"/>	<input type="checkbox"/>
8. Site on filled land or on slope of 10 percent or more.	<input type="checkbox"/>	<input type="checkbox"/>
9. Use of disposal of potential hazardous materials, such as toxic substances, flammables or explosives.	<input type="checkbox"/>	<input type="checkbox"/>
10. Substantial change in demand for municipal services (police, fire, water, sewage, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
11. Substantially increase fossil fuel consumption (electricity, oil, natural gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
12. Relationship to a larger project or series of projects.	<input type="checkbox"/>	<input type="checkbox"/>

ENVIRONMENTAL SETTING

1. Describe the project site as it exists before the project, including information on topography, soil stability, plants and animals, and any cultural, historical or scenic aspects. Describe any existing structures on the site, and the use of the structures. Attach photographs of the site. Snapshot or polaroid photos will be accepted.
2. Describe the surroundings properties, including information on plant and animals and any cultural, historical or scenic aspects. Indicate the type of land use (residential, commercial, etc.), intensity of land use (one-family, apartment houses, shops, department stores, etc.), and scale of development (height, frontage, set-back, rear yard, etc.). Attach photographs of the vicinity. Snapshot or polaroid photos will be accepted.

CERTIFICATION

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Date _____ Signature _____

For _____



CITY OF ROSEMEAD

HAZARDOUS WASTE SITE

DECLARATION SHEET

I certify that I have reviewed the Hazardous Waste and Substance Sites List on file with the State of California Department of Toxic Substances Control in conformance with the requirements of Government Code Section 65962.5. There are no Hazardous Waste and Substances Sites listed for the subject property or nearby the property. This statement is true and correct to the best of my knowledge.

Signature of Owner/Representative: _____

Printed Name of Owner/Representative: _____

Date: _____

RADIUS MAPS*

PROPERTY OWNER LISTS
FOR LOS ANGELES COUNTY

ARMSS (Architecture & Radius Map Services)

Attn: Lucy Polo Garcia
160 No. Holliston Avenue, #5
Pasadena, CA 91106
(818) 968-5843
Evenings: (626) 449-4830

G.C. MAPPING SERVICE

3055 W. Valley Blvd.
Alhambra, CA 91803
(626) 441-1080
FAX: (626) 441-8850
Email:
gcmapping@radiusmaps.com

OWNERSHIP LISTING SERVICE

Attn: Catherine McDermott
PO Box 890684
Temecula, CA 92589
(909) 699-8064 or (800) 499-8064

LA. MAPPING SERVICE

Attn: Robert Castro
8062 Whitmore Street
Rosemead, CA 91770
(626) 280-8382

KIMBERLY WENDELL

PO Box 264
Los Alamitos, CA 90720
(562) 431-9634

SUSAN W. CASE

917 Glenneyre Street, Suite 7
Laguna Beach, CA 92651
(949) 494-7418

SUE MORENO

More Services
12106 Lambert Avenue
El Monte, CA 91732
(626) 350-5944

T-SQUARE MAPPING SVC.

969 South Raymond Avenue
Pasadena, CA 91105
(626) 403-1803
FAX: (626) 403-2972

FOOTHILL PROJECT MGMT

Attn: Sandra Gunn
117½ 28th Street
Newport Beach, CA 92663
(714) 434-9228
FAX: (714) 434-9228

RADIUS MAP SERVICES

PO Box 3757
South Pasadena, CA 91031
(626) 688-4876
FAX: (626) 284-4931

A.M. MAPPING SERVICES

8001-B Archibald Avenue
PO Box 4710
Rancho Cucamonga, CA 91730
(909) 466-7596
(626) 274-1141
FAX: (909) 466-7595

TMG SOLUTIONS, INC.

Attn: Lanny Kusada
19401 So. Vermont Blvd., Unit
B201H
Torrance, CA 90502
(310) 532-0446 Office
(310) 480-5407 Cell
lanny@tmgsolutions.net

SZETO & ASSOCIATES

Attn: Stan Szeto
2714 Stingle Avenue
Rosemead, CA 91770
(626) 512-5050
FAX: (323) 838-0515

EZ MAPPING SERVICES

Po Box 661464
Arcadia, CA 91066
(626) 241-5151
Email: ezmapping@yahoo.com

BOONE'S QUALITY MAPS

263 W. Olive Ave., Suite 161
Burbank, CA 91502
(310) 930-0239

NOTIFICATION MAPS.COM

23412 Moulton Parkway, Suite 140
Laguna Hills, CA 92653
(866) 752-6266

Angelus Planning Group

225 South Lake Ave., Suite #300
Pasadena, CA 91101
(323) 341-3961

Radius Maps Etc

Attn: Yvette Cuellar
3544 Portola Avenue
Los Angeles, CA 90032
(323) 221-4555
FAX: (323) 226-9492
Email:
radiusmapsetc@sbcglobal.net

* The above references are only an aid to provide you with information about available services. This does *not* constitute a recommendation from the City of Rosemead.