



APPLICATION CHECKLIST

ZONE CHANGE OR GENERAL PLAN AMENDMENT

A request for Zone change requires (1) public hearing before the City's Planning Commission and two (2) hearings before the City Council. Zone changes become effective thirty (30) days following the final action. A request for a General Plan requires one (1) public hearing before the City's Planning Commission and one (1) hearing before the City Council. The applicant or the applicant's representative must be present at all public hearings to answer questions.

Chapter 106.74 of the Citrus Heights Zoning Code provides procedures of an amendment to the Zoning Code, General Plan, Zoning Map, and Specific Plan.

Application Submittal Requirements:

- A) One (1) copy of the completed universal application form, and all required signatures.
- B) The required processing fee (see fee schedule).
- C) One (1) copy of a preliminary title report, current within 6 months.
- D) One (1) Copy of a metes and bounds legal description of the property. If the description references other documents or maps, copies of these documents must be attached.
- E) Five (5) copies of an exhibit map drawn to scale. (must be engineer's scale - no smaller than 1" = 40') indicating:
 - Property lines
 - Existing and proposed roadways, driveways, and structures
 - Existing easements and type
 - Street names
 - Assessor's parcel numbers for all parcels affected
 - Existing and proposed zoning and land use on subject and adjacent properties
 - Project name
 - A vicinity map
 - North arrow and scale
- F) Summary of project statistics including acreage, square footage, bearings and distances
- G) Completed Greenhouse Gas Reduction Checklist (for all projects not exempt from CEQA).
- H) One (1) 8 ½" x 11" reproducible copy
- I) Five (5) copies of all text and map changes in a Redline/Strikeout format. (General Plan Amendments)
- J) Additional information as deemed necessary by the Planning Department.

An electronic copy of all materials shall also be provided at the time of submittal. The electronic copy shall be provided either on a CD or USB flash drive. The CD or USB flash drive shall contain each document that is included in the planning entitlement application. Any subsequent revision or supplemental information submitted in conjunction with the application shall also be submitted in electronic form.

Please note: You may be required to submit additional copies prior to the public hearing.

Please feel free to discuss your application with a member of the Planning Department at (916) 727-4740 or visit the office located in City Hall located at 6360 Fountain Square Drive, Citrus Heights, CA 95621

www.citrusheights.net

Planning Forms/July 2017



UNIVERSAL APPLICATION FORM

PLANNING DIVISION

www.citrusheights.net

6360 Fountain Square Drive ♦ Citrus Heights, CA 95621 ♦ (916) 727-4740

planning@citrusheights.net

Notice to Applicants: A complete application must be submitted in order for the project to be accepted. It is recommended to schedule an appointment to discuss your project prior to submission.

Type of Application (check all that apply):

<input type="checkbox"/> Design Review Permit <input type="checkbox"/> Design Review Permit Modification <input type="checkbox"/> Use Permit <input type="checkbox"/> Use Permit Modification <input type="checkbox"/> Minor Use Permit <input type="checkbox"/> Eligible Facilities Request	<input type="checkbox"/> Parcel Map (1-4 lots) <input type="checkbox"/> Subdivision Map (5+ lots) <input type="checkbox"/> Rezone <input type="checkbox"/> Ordinance Text Amendment <input type="checkbox"/> General Plan Amendment <input type="checkbox"/> OTHER _____
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Project Information (complete all sections):

Proposed Project Name:		
Property Address:		
Assessor Parcel #'s:		
Total Land Area (Acre or SF):	General Plan Designation:	Zoning Designation:
Total Net SF of New Buildings (Commercial Only):	No. Proposed Units (Residential only):	
Project Description:		

Applicant Information:

Applicant Name:		
Company (if applicable):	Address:	
City:	State:	Zip:
Phone:	E-Mail:	

Property Owner:

Owner Name:		
Company (if applicable):	Address:	
City:	State:	Zip:
Phone:	E-Mail:	
Property Owner Signature (or separate written authorization):		

Designated Primary Contact, if Different than Applicant:

Name:		
Company (if applicable):	Address:	
City:	State:	Zip:
Phone:	E-Mail:	

City Use Only:

Planner Complete Below:

Dated Received:	Accepted by:	AA: ST PC CC	NA#:
TOTAL AMOUNT COLLECTED:			
Receipt Number:		Payment Method:	

Data Entry:

Date Entered:			
File Type/Number (one per box)			
CW #			