



RIVERSIDE COUNTY PLANNING DEPARTMENT

Charissa Leach, P.E.
Assistant TLMA Director

REQUEST FOR DETERMINATION OF SUBSTANTIAL CONFORMANCE WITH A SPECIFIC PLAN

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

APPLICATION INFORMATION

Applicant's Name: _____ E-Mail: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

_____ City State ZIP

Daytime Phone No: (____) _____ Fax No: (____) _____

Engineer/Representative's Name: _____ E-Mail: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

_____ City State ZIP

Daytime Phone No: (____) _____ Fax No: (____) _____

Property Owner's Name: _____ E-Mail: _____

Contact Person: _____ E-Mail: _____

Mailing Address: _____
Street

_____ City State ZIP

Daytime Phone No: (____) _____ Fax No: (____) _____

Check this box if additional persons or entities have an ownership interest in the subject property(ies) in addition to that indicated above; and attach a separate sheet that references the property address and/or assessor's parcel number and list those names, mailing addresses, phone and fax numbers, and

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P.O. Box 1409, Riverside, California 92502-1409
(951) 955-3200 · Fax (951) 955-1811

Desert Office · 77-588 El Duna Court, Suite H
Palm Desert, California 92211
(760) 863-8277 · Fax (760) 863-7555

"Planning Our Future... Preserving Our Past"

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email addresses; and provide signatures of those persons or entities having an interest in the real property(ies) involved in this application.

The Planning Department will primarily direct communications regarding this application to the person identified above as the Applicant. The Applicant may be the property owner, representative, or other assigned agent.

AUTHORIZATION FOR CONCURRENT FEE TRANSFER

The applicant authorizes the Planning Department and TLMA to expedite the refund and billing process by transferring monies among concurrent applications to cover processing costs as necessary. Fees collected in excess of the actual cost of providing specific services will be refunded. If additional funds are needed to complete the processing of this application, the applicant will be billed, and processing of the application will cease until the outstanding balance is paid and sufficient funds are available to continue the processing of the application. The applicant understands the deposit fee process as described above, and that there will be **NO** refund of fees which have been expended as part of the application review or other related activities or services, even if the application is withdrawn or the application is ultimately denied.

AUTHORITY FOR THIS APPLICATION IS HEREBY GIVEN:

I certify that I am/we are the record owner(s) or authorized agent, and that the information filed is true and correct to the best of my knowledge, and in accordance with Govt. Code Section 65105, acknowledge that in the performance of their functions, planning agency personnel may enter upon any land and make examinations and surveys, provided that the entries, examinations, and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.

(If an authorized agent signs, the agent must submit a letter signed by the owner(s) indicating authority to sign on the owner(s)'s behalf, and if this application is submitted electronically, the "wet-signed" signatures must be submitted to the Planning Department after submittal but before the subdivision is ready for public hearing.)

<i>PRINTED NAME OF PROPERTY OWNER(S)</i>	<i>SIGNATURE OF PROPERTY OWNER(S)</i>
<i>PRINTED NAME OF PROPERTY OWNER(S)</i>	<i>SIGNATURE OF PROPERTY OWNER(S)</i>

PROJECT INFORMATION:

Description of Substantial Conformance Request (Reference the existing Planning Area(s), and/or Policies, and/or Conditions that are proposed to be modified, and clearly state the proposed modifications) (if lengthy, extra pages may be attached):

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Related cases filed in advance of, or concurrently with, this request:

PROPERTY INFORMATION:

Assessor's Parcel Number(s): _____

Approximate Gross Acreage: _____

General location (nearby or cross streets): North of _____, South of _____, East of _____, West of _____.

Have there been any prior requests for substantial conformance? Yes No

If yes, of what nature? _____
