



# RIVERSIDE COUNTY PLANNING DEPARTMENT

Steve Weiss, AICP  
Planning Director

## APPLICATION FOR AMENDMENT TO THE RIVERSIDE COUNTY GENERAL PLAN

SECTIONS I, II, AND VI BELOW MUST BE COMPLETED FOR ANY AMENDMENT TO THE AREA PLAN MAPS OF THE GENERAL PLAN.

FOR OTHER TYPES OF AMENDMENTS, PLEASE CONSULT PLANNING DEPARTMENT STAFF FOR ASSISTANCE PRIOR TO COMPLETING THE APPLICATION.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

CHECK ONE AS APPROPRIATE:

- GENERAL (WITHOUT SPECIFIC PLAN)                       CIRCULATION SECTION  
 GENERAL (WITH SPECIFIC PLAN)

### I. GENERAL INFORMATION

#### APPLICATION INFORMATION

Applicant Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street*

*City*

*State*

*ZIP*

Daytime Phone No: (\_\_\_\_) \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

Engineer/Representative Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*Street*

*City*

*State*

*ZIP*

Daytime Phone No: (\_\_\_\_) \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Riverside Office · 4080 Lemon Street, 12th Floor  
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"*

**APPLICATION FOR AMENDMENT TO THE RIVERSIDE COUNTY GENERAL PLAN**

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 General Plan Amendment type and number and list those names, mailing addresses, phone and fax numbers, and email addresses; and provide signatures of those persons or entities having an interest in the real property(ies) involved in this application.

**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 General Plan Amendment is ready for public hearing.)

\_\_\_\_\_  
*PRINTED NAME OF PROPERTY OWNER(S)*

\_\_\_\_\_  
*SIGNATURE OF PROPERTY OWNER(S)*

\_\_\_\_\_  
*PRINTED NAME OF PROPERTY OWNER(S)*

\_\_\_\_\_  
*SIGNATURE OF PROPERTY OWNER(S)*

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.

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**PROPERTY INFORMATION:**

Assessor's Parcel Number(s): \_\_\_\_\_

Approximate Gross Acreage: \_\_\_\_\_

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

Existing Zoning Classification(s): \_\_\_\_\_

Existing Land Use Designation(s): \_\_\_\_\_

Check the box(es) as applicable:

- Technical Amendment
- Entitlement/Policy Amendment
- Foundation Component Amendment-Regular
- Foundation Component Amendment-Extraordinary
- Agricultural Foundation Component Amendment

Proposal (describe the details of the proposed General Plan Amendment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Related cases filed in conjunction with this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there previous development application(s) filed on the same site: Yes  No

If yes, provide Application No(s). \_\_\_\_\_  
(e.g. Tentative Parcel Map, Zone Change, etc.)

Initial Study (EA) No. (if known) \_\_\_\_\_ EIR No. (if applicable): \_\_\_\_\_

Have any special studies or reports, such as a traffic study, biological report, archaeological report, geological or geotechnical reports, been prepared for the subject property? Yes  No

If yes, indicate the type of report(s) and provide signed copy(ies): \_\_\_\_\_

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Name of Company or District serving the area the project site is located (if none, write "none.")	Are facilities/services available at the project site?	
	Yes	No
Electric Company		
Gas Company		
Telephone Company		
Water Company/District		
Sewer District		

If the project located within either the Santa Ana River/San Jacinto Valley watershed, the Santa Margarita River watershed, or the Whitewater River watershed, check the appropriate checkbox below.

*If not known, please refer to [Riverside County's Map My County website](#) to determine if the property is located within any of these watersheds (search for the subject property's Assessor's Parcel Number, then select the "Geographic" Map Layer – then select the "Watershed" sub-layer)*

If any of the checkboxes are checked, click on the adjacent hyperlink to open the applicable Checklist Form. Complete the form and attach a copy as part of this application submittal package.

- [Santa Ana River/San Jacinto Valley](#)
- [Santa Margarita River](#)
- [Whitewater River](#)

If the applicable Checklist has concluded that the application requires a preliminary project-specific Water Quality Management Plan (WQMP), such a plan shall be prepared and included with the submittal of this application.

**HAZARDOUS WASTE SITE DISCLOSURE STATEMENT**

[Government Code Section 65962.5](#) requires the applicant for any development project to consult specified state-prepared lists of hazardous waste sites and submit a signed statement to the local agency indicating whether the project is located on or near an identified site. Under the statute, no application shall be accepted as complete without this signed statement.

I (we) certify that I (we) have investigated our project with respect to its location on or near an identified hazardous waste site and that my (our) answers are true and correct to the best of my (our) knowledge. My (Our) investigation has shown that:

- The project is not located on or near an identified hazardous waste site.
- The project is located on or near an identified hazardous waste site. Please list the location of the hazardous waste site(s) on an attached sheet.

Owner/Representative (1) \_\_\_\_\_ Date \_\_\_\_\_  
 Owner/Representative (2) \_\_\_\_\_ Date \_\_\_\_\_

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**II. AMENDMENTS TO THE AREA PLAN MAPS OF THE GENERAL PLAN:**

AREA PLAN MAP PROPOSED FOR AMENDMENT (Please name):

\_\_\_\_\_

EXISTING DESIGNATION(S): \_\_\_\_\_

PROPOSED DESIGNATION(S): \_\_\_\_\_

JUSTIFICATION FOR AMENDMENT (Please be specific. Attach more pages if needed.)

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**III. AMENDMENTS TO POLICIES:**

*(Note: A conference with Planning Department staff is required before application can be filed. Additional information may be required.)*

A. LOCATION IN TEXT OF THE GENERAL PLAN WHERE AMENDMENT WOULD OCCUR:

Element: \_\_\_\_\_ Area Plan: \_\_\_\_\_

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B. EXISTING POLICY (If none, write "none." (Attach more pages if needed): \_\_\_\_\_

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C. PROPOSED POLICY (Attach more pages if needed): \_\_\_\_\_

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D. JUSTIFICATION FOR CHANGE (Please be specific. Attach more pages if needed): \_\_\_\_\_

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**IV. OTHER TYPES OF AMENDMENTS:**

*(Note: A conference with Planning Department and/or Transportation Department staff for amendments related to the circulation element is required before application can be filed. Additional information may be required.)*

A. AMENDMENTS TO BOUNDARIES OF OVERLAYS OR POLICY AREAS:

Policy Area: \_\_\_\_\_  
*(Please name)*

Proposed Boundary Adjustment (Please describe clearly): \_\_\_\_\_

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B. AMENDMENTS TO CIRCULATION DESIGNATIONS:

Area Plan (if applicable): \_\_\_\_\_

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Road Segment(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Existing Designation: \_\_\_\_\_

Proposed Designation: \_\_\_\_\_

C. JUSTIFICATION FOR AMENDMENT (Please be specific. Attach more pages if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This completed application form, together with all of the listed requirements provided on the General Plan Amendment Application Filing Instructions Handout, are required in order to file an application with the County of Riverside Planning Department.**

Y:\Current Planning\LMS Replacement\Condensed P.D. Application Forms\295-1019 GPA Condensed Application.docx  
Created: 07/01/2015 Revised: 06/07/2016