



UNIFORM APPLICATION Part 1

(Please type or print clearly using ink. Use the tab key to move from one line to the next line.)

GENERAL REQUIREMENTS

Name of Proposed Project:	Staff Use Only FILE NO.:
Location of Project:	
Assessor's Parcel Number:	
Applicant Name:	RELATED FILES:
Address:	Phone Number: Email:

Type of Review Requested NOTE: A SEPARATE SIGNED UNIFORM APPLICATION IS REQUIRED FOR EACH TYPE OF ENTITLEMENT FILED

- | | | |
|---|--|--|
| <input type="checkbox"/> Community Plan Amendment | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Similar Use Determination |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Master Plan | <input type="checkbox"/> Site Development Review |
| <input type="checkbox"/> Design Review | <input type="checkbox"/> Master Plan Amendment | <input type="checkbox"/> Specific Plan |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Minor Design Review | <input type="checkbox"/> Specific Plan Amendment |
| <input type="checkbox"/> Development Code Amendment | <input type="checkbox"/> Minor Exception | <input type="checkbox"/> Tentative Parcel Map |
| <input type="checkbox"/> Entertainment Permit | <input type="checkbox"/> Prezoning | <input type="checkbox"/> Tentative Tract Map |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Pre-Application Review | <input type="checkbox"/> Vacation of Easement |
| <input type="checkbox"/> Hillside Development less than 4 DU | <input type="checkbox"/> Preliminary Review | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Hillside Development greater than 4 DU | <input type="checkbox"/> Public Convenience or Necessity | <input type="checkbox"/> Zoning Map Amendment |
| <input type="checkbox"/> Landmark Alteration Permit | <input type="checkbox"/> Reasonable Accommodation | <input type="checkbox"/> Other: |

PROJECT DESCRIPTION

Detailed Description of Proposed Project (Attach Additional Sheets if Necessary)

OWNER CERTIFICATION

I certify that I am presently the legal owner of the above-described property. Further, I acknowledge the filing of this application and certify that all of the above information is true and correct. (If the undersigned is different from the legal property owner, a letter of authorization must accompany this form.)

Date:	Signature:
Print Name and Title:	

Date Received:	Received By:	Fees: \$	Receipt No.:	Fire Receipt No.:
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Account # for Planning Fees: 10010004508

Account # for EIR and Environmental Study Fees: 10010004509

Residential Project Summary Table Part 2

Project Name:

Location

General Plan

Zoning District

PROJECT AREA

Gross (Including area to centerline of abutting streets)	Acres
Net (Exclusive of dedication for major external and secondary streets)	Acres

DWELLING UNITS (Based on Net Area)	Number	Net Density
Single Family Detached		
Single Family Attached		
Multi-family/Condominium		
Studio		
One Bedroom		
Two Bedroom		
Three Bedroom		
Four Bedroom		
TOTAL:		

AREA DISTRIBUTION (Based on Net Area)	Acres/Sq. Ft.	% of Net Area
Building Coverage		
Landscape Coverage		
Common Open Space		
Private Open Space		
Usable Open Space (Common + Private)		

PARKING	Parking Ratio	# of Units	Spaces Req'd	Spaces Provided
Single Family Detached	2.0/unit			
Single Family Attached	1.3/unit			
Multi-family/Condominium:				
Studio				
One Bedroom	1.5/unit			
Two Bedroom	2.0/unit			
Three Bedroom	2.0/unit			
Four Bedroom	2.5/unit			
Guest Parking	TOTAL:			

Non-Residential Project Summary Table Part 2

Project Name:

Location:

General Plan:

Zoning District:

PROJECT AREA

Gross (Including area to centerline of abutting streets) Acres

Net (Exclusive of dedication for major external and secondary streets) Acres

AREA DISTRIBUTION (Based on Net Area) Acres/Sq. Ft. % of Net Area

Building Coverage		
Landscape Coverage		
Vehicular Coverage (Including Parking)		

FLOOR AREA DISTRIBUTION BY PROPOSED USE (Based on Net Area)

Area of Building Pad	No. Of Stories	Gross Floor Area (sq. ft.)	Proposed Use

PARKING (Calculate Each Use Within a Building Separately)

Type of Use	Parking Ratio	# Spaces Required	# Spaces Provided
TOTALS			

UNIFORM APPLICATION PART 3

The following information must be completed and submitted with new applications: (Print or Type all information entered)

Project Location:

Staff Use Only
FILE NO.:

Applicant:

RELATED FILES:

Primary Contact Person:

PREFERRED METHOD OF CONTACT : Phone Email Other

Address:

Phone:

Fax:

E-mail Address:

Secondary Contact Person: (Please Specify Name, Company, Title)

PREFERRED METHOD OF CONTACT : Phone Email Other

Address:

Phone:

Fax:

E-mail Address:

Legal Property Owner:

Address:

Phone:

Fax:

E-mail Address:

Architect:

Contact Person:

Address:

Phone:

Fax:

E-mail Address:

Engineer:

Contact Person:

Address:

Phone:

Fax:

E-mail Address:

Landscape Architect:

Contact Person:

Address:

Phone:

Fax:

E-mail Address:

HAZARDOUS WASTE SITE STATEMENT

I have been informed by the City of Rancho Cucamonga of my responsibilities pursuant to California Government Code Section 65962.5 (copy attached) to notify the City as to whether the site for which a development application has been submitted is located within an area which has been designated as the location of a hazardous waste site by the Office of Planning and Research, State of California (OPR).

I have also been informed by the City of Rancho Cucamonga that, as of the date of executing this Statement OPR has not yet compiled and distributed a list of hazardous waste site as required by said Section 65962.5.

I am informed and believe that the proposed site for which a development application has been submitted is not within any area specified in said Section 65962.5 as a hazardous waste site.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct.

Applicant: _____

Dated: _____