City of Thousand Oaks

Community Development Department

2100 Thousand Oaks Boulevard • Thousand Oaks, CA 91362
Planning Division • Phone 805/449.2323 • Fax 805/449.2350 • www.toaks.org
Building Division • Phone 805/449.2500 • Fax 805/449.2575 • www.toaks.org

REQUEST TO INITIATE
MUNICIPAL CODE AMENDMENT (TITLE 9 – PLANNING AND ZONING)
APPLICATION AND INSTRUCTIONS

PLEASE INCLUDE ALL OF THE FOLLOWING WITH YOUR APPLICATION TO AVOID DELAYED PROCESSING. IF INCOMPLETE, THE APPLICATION WILL BE RETURNED TO YOU FOR RESUBMITTAL.

1. **Application**: The application shall be typed or printed legibly, in blue or black ink, with all requested information provided. The application must be submitted with an original wet signature before your application will be deemed complete for processing.

2. **Filing Fee**: The Thousand Oaks Municipal Code requires that a fee be paid at the time of filing to cover the costs incurred in processing the application. Refer to the City's Fee Schedule or contact the Community Development to determine the current filing fee.

3. **Attachments:** Attach one copy of any additional documentation or supporting material for the request. Any plans submitted should not exceed 11" x 17" in size. If the City Council initiates the Amendment additional copies will be required.

NOTES:

The application shall be complete and legible and **SUBMITTED IN PERSON** with the required fee at the public counter of the Community Development Department, 2100 East Thousand Oaks Boulevard, Thousand Oaks, California, 91362.

Submittals at the public counter **DO NOT** constitute filing. You will be notified by mail within thirty (30) days of the date the application is submitted as to whether or not your application was accepted by the Community Development Department as "complete" for processing.

This Application is intended to be used only for Municipal Code amendments that affect Title 9 (Planning and Zoning) of the Municipal Code. Applications for consideration of Amendments that do not include any changes to Title 9 - do not use this form. Applications that affect both Title 9 and other related parts of the Municipal Code may be accepted using this form and process.

The Request to Initiate a Municipal Code Amendment will be submitted to the City Council for screening. The Municipal Code is under the jurisdiction of the City Council, and the Council is under no obligation to actually initiate consideration of a proposed Amendment submitted in this manner. If the City Council agrees to initiate the Amendment, it will be referred to Staff and the Planning Commission, if applicable, for review and recommendation back to the City Council on a future agenda. On the other hand, if the City Council does not initiate the requested Amendment, then the matter will receive no further consideration and the applicant will be eligible for a refund of a portion of the filing fee.

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CASE #:_____

Community Development Department

REQUEST TO INITIATE MUNICIPAL CODE AMENDMENT

I.   APPLICANT INFORMATION – CONTACT PERSON

Name (person and firm/corporation): _____

Address: _____

City/State/Zip: _____

Phone: (_____)_____ Fax: (_____)_____

Email address: _____

II.   REQUEST

Describe briefly the general nature and purpose of the amendment to the City's Municipal Code that you would like the City to consider. You should also indicate the justifications and reasons why the City should consider this amendment. If possible, list the specific Municipal Code sections you would like changed, and the proposed language you would like considered. Attach additional pages if necessary. _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

III.   SIGNATURE

I declare under penalty of perjury, that the foregoing is true and correct.

Executed at (city) _____, California, this _____ day of

_____, 20_____   _____
                                                            Signature

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(For Department Use Only)

Fee $_____   Date filed_____   Received by:_____

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AGREEMENT FOR PAYMENT
<u>OF COSTS EXCEEDING SUBMITTED DEPOSIT</u>

SIGN AND RETURN this form to the Community Development Department, City of Thousand Oaks with submittal of your project application(s). To process your application for the project identified below, you are charged based on the City's current User Fee Manual, at a time and material rate which may include charges for the actual cost of City staff time, City-paid consultants and any materials* necessary to process the application.

I _____ am the person responsible for Payment and I agree to pay any additional sum exceeding my submitted deposit, based on actual cost of staff time, consultant time, and materials*. (Refer to City's User Fee Manual for hourly staff time rates.)

I acknowledge and agree that: 1) I may be required to pay an additional deposit once 75% of the original is exhausted; 2) I will pay all invoiced payments within 30 days of the date of the invoice; 3) the City reserves the right to stop work on a project if payments for invoices are not received.

If the total cost of processing the application is less than the deposit, the City will direct the refund balance to the person/entity that submitted the deposit unless stated otherwise below. Refunds are processed once all staff, consultant and/or material related to the project have been completed.

I FURTHER AGREE THAT IF THE PROJECT APPLICANT OR PROPERTY OWNER CHANGES DURING APPLICATION PROCESSING, I WILL REMAIN FULLY RESPONSIBLE FOR PAYMENT OF ALL AMOUNTS UNDER THIS AGREEMENT UNTIL A FULLY EXECUTED AGREEMENT BY THE NEW PROJECT APPLICANT OR PROPERTY OWNER HAS BEEN RECEIVED AND ACKNOWLEDGED BY THE CITY.

*Materials are defined as any City expense (such as legal advertisements, mailings, signage, duplication, CDs/DVDs, or other applicable materials) reasonably incurred due to the processing of your application.

PROJECT AND PROPERTY IDENTIFICATION

Person or Entity work is being completed for: _____

Property Owner Name(s): _____

Project Location(s)**: _____

_____

Project Description: _____

_____

**Specify property street address(es). If street address is not available, please specify the assessor's parcel number(s). If any of the listed projects are located in a City Right-of-Way or easement and do not have a specific address or assessor's parcel number, you must obtain a new address from the Public Works Department prior to application(s) submittal to the City.

PARTY RESPONSIBLE FOR PAYMENT

Responsible Party Signature: _____ Date: _____

Print Name: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____)_____ Email: _____

INVOICES MAILED TO (If different then Party Responsible for Payment.)

Contact Name: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____)_____ Email: _____

REFUNDS:

In the event that the deposit(s) exceeds the costs associated with the project, the excess deposit will be returned to the entity that made the payment. If the refund should go to another party, please complete this section.

Contact Name: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____)_____ Email: _____

Property Owner Signature: _____ Company: _____

Applicant Signature: _____ Company: _____

Project Coordinator Signature: _____ Company: _____

FOR CITY USE ONLY

Date Agreement Received: _____ Received by: _____

Project/Case # assigned: _____

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toaks.org