

PRE-APPLICATION SUBMITTAL REQUIREMENTS APPLICATION SUBMITTAL INSTRUCTIONS

This application package is to be **submitted in person** at the Community Development Department (CDD) public counter, located at 2100 E. Thousand Oaks Boulevard, Thousand Oaks, California, 91362. Please call (805) 449-2323 for hours of operation.

IMPORTANT: Please follow the application submittal instructions detailed below. Failure to complete the application package as required may result in your package being rejected at time of submittal.

After your submittal is determined to meet all of the requirements in this application package, the CDD will schedule an informal advisory meeting where representatives of applicable City departments and agencies, and the project planner, will meet with you to discuss the project and provide comments and information. This meeting normally takes place about 3 – 4 weeks after the pre-application is filed, and you will be notified of the date, time, and place of the meeting.

1. **Application:** The application shall be typed or printed legibly, in blue or black ink, with all requested information completed. The application must be submitted with an original 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. **Plans:** Submit each plan listed below in bound sets as follows: 10 sets of plans (three bound/stapled rolled sets in 36" x 48" size, seven bound/stapled sets in 11" x 17" size). (The City reserves the right to request more copies of plans in order to efficiently process your application package.)
 - Site Plans including stormwater mitigation features (rolled plans drawn to a scale not less than 1" = 20')
 - Grading plans with proposed pad elevations and manufactured slopes (rolled plans drawn to a scale not less than 1" = 20')
 - Elevation Plans (rolled plans drawn to a scale not less than 1/8" = 1')
 - Contact the CDD to determine if additional plans are required.

All Site Plans must contain the following information:

- Name and phone number of the applicant in the lower right-hand corner.
- Vicinity map in the lower right-hand corner.

- Assessor's Parcel Number(s) of the site in the lower right-hand corner.
- Table of information about the project, including number of dwelling units (residential), number of parking spaces, gross floor area (nonresidential), type of project (e.g., retail, office, mixed use, industrial, apartment).
- Conceptual placement of improvements (buildings, driveway, parking areas, landscaped areas, etc.) in relation to existing improvements and natural features (oak trees, drainage courses, etc.). Driveway dimensions must be shown.
- General layout of proposed water and wastewater systems.

All plans shall display the Title Block in the lower right-hand corner as well as a North Arrow. ***Only plans collated into sets will be accepted.***

4. **Electronic Files:** Submit a CD containing a .pdf version of all plans submitted with this application.
5. **Additional Information:** Additional information (such as photographs and renderings will be submitted in a scale large enough to illustrate the subjects under consideration) are recommended but are not required.

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(12/17)





Community Development Department

PROJECT #: _____

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

PRE-APPLICATION APPLICATION AND AFFIDAVIT

ASSESSORS PARCEL NO.(S): _____ - _____ - _____

_____ - _____ - _____
_____ - _____ - _____

I. APPLICANT INFORMATION (not applicant's representative)

Name (person and firm/corporation): _____
Company/Organization (if applicable): _____
Address: _____
City/State/Zip: _____
Phone: (_____) _____ Fax: (_____) _____
Email: _____

II. PROPERTY OWNER INFORMATION (if different than Applicant)

Name (person and firm/corporation): _____
Company/Organization (if applicable): _____
Address: _____
City/State/Zip: _____
Phone: (_____) _____ Fax: (_____) _____
Email: _____

III. PROJECT COORDINATOR/APPLICANT'S REPRESENTATIVE INFORMATION

Name (person and firm/corporation): _____
Company/Organization (if applicable): _____
Relationship of Project Coordinator to Applicant: _____
Address: _____
City/State/Zip: _____
Phone: (_____) _____ Fax: (_____) _____
Email: _____

PROJECT #: _____

IV. PROPERTY INFORMATION

Property Location (street address and location description): _____

V. REQUEST

Please briefly describe the proposed project as well as the proposed land use type(s) and the size (number of dwelling units or gross floor area) of the project:

VI. AFFIDAVIT*

I declare under penalty of perjury, that I, _____, am the (circle one) owner, lessee, attorney of the owner, or person with power of attorney from the owner of the property involved in this application, and that the foregoing is true and correct.

Executed at (city) _____, California, this _____ day of _____, 20_____.

Printed Name, and Title

Signature

***IF THE PROPERTY OWNER/APPLICANT** is a Corporation, the names, addresses and titles of all officers of the Corporation shall accompany this application. If the property owner/applicant is a General Partner, the name and address of all General Partners shall accompany this application.

(For Department Use Only)
Fee \$ _____ Date received: _____ Received by: _____





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AGREEMENT FOR PAYMENT OF COSTS EXCEEDING SUBMITTED DEPOSIT

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.

AGREEMENT FOR PAYMENT

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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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