



City of Temple City

MASTER APPLICATION

SUBMITTAL CHECKLIST

ITEMS REQUIRED FOR ALL APPLICATIONS

This checklist will be used by staff to determine if an application contains the appropriate requirements to begin the application process. All items listed below must be included for all applications. Certain types of application might require additional items, as specified on supplemental application forms. If any items are not included the project will not be accepted for submittal. This checklist does not determine a project complete for purposes of the Permit Streamlining Act.

- Completed *Master Application*.
- Applicable Filing Fees.
- Complete sets of plans prepared in accordance with the *Minimum Plan Preparation & Plan Contents Checklist*. Provide required number of copies of the following plans in the required sizes:

Plans	Letter Size (8.5" x 11")	Tabloid (11" x 17")	Full Size (24" x 36")	Digital
Site Plan (Existing and Proposed)				
Floor Plan(s) (Existing and Proposed)				
Roof Plans (Existing and Proposed)				
Elevations (All Sides, Existing and Proposed)				
Landscape Plan (if applicable)				
Demolition Plan (if applicable)				
Photometric Plan (if applicable)				

- One color and materials samples mounted on an 8½"X11" board. (if applicable)
- Pictures of the site and surrounding area. Pictures may be submitted digitally in the following formats: JPEG, BMP, or TIF, provided a list is also submitted with the file name, date the photo was taken, the photographer,
- Grant Deed or Lease Agreement.
- Supplemental Application (if applicable):
 - Amendments (General Plan Amendments, Zoning Code Amendment, Zone Change, Specific Plan Amendment)
 - Development (Site Plan Review & Parking Concession Agreement)
 - Subdivisions (Lot Line Adjustment / Parcel Merger, Tentative Parcel Map, Tentative Tract Map, Tentative Map Revision)
 - Conditional Uses & Variances (Conditional Use Permit, Conditional Use Permit Modification, Variance)
 - Signs (Sign Permit, Sign Program, Temporary Banner)
 - Special Events (Temporary Use Permit & Special Event Permit)

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 WWW.TEMPLECITY.US



City of Temple City

MASTER APPLICATION

APPLICATION

PERMIT REQUESTED (PLEASE CHECK ALL APPLICABLE BOXES)

<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Sign Permit	<input type="checkbox"/> Tentative Parcel Map
<input type="checkbox"/> Conditional Use Permit Modification	<input type="checkbox"/> Sign Program	<input type="checkbox"/> Tentative Tract Map
<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Special Event Permit	<input type="checkbox"/> Time Extension
<input type="checkbox"/> Lot Line Adjustment / Parcel Merger	<input type="checkbox"/> Specific Plan Amendment	<input type="checkbox"/> Variance
<input type="checkbox"/> Major Site Plan Review	<input type="checkbox"/> Temporary Banner	<input type="checkbox"/> Zone Change
<input type="checkbox"/> Minor Site Plan Review	<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/> Zoning Code Amendment
<input type="checkbox"/> Parking Concession Agreement	<input type="checkbox"/> Tentative Map Revision	<input type="checkbox"/> Others: _____

PROPERTY INFORMATION

Property Address: _____

Parcel Size (area): _____ Width: _____ Depth: _____

Current Use: _____

DESCRIPTION OF PROJECT (Be as specific as possible, attach sheets if necessary)

OWNER / APPLICANT INFORMATION

Property Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Cell / Other Phone: _____ E-mail: _____

Note: Attach additional lists for multiple property owners. If the property owner or applicant is a trust, partnership, corporation or LLC, on a separate sheet, provide a listing of all persons that make-up the trust, partnership, corporation or LLC

Applicant: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Cell / Other Phone: _____ E-mail: _____
 Project Architect Project Engineer Other

Applicant's Representative: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Cell / Other Phone: _____ E-mail: _____

Note: Prior to submittal of this application, it is advised that the applicant review the requested proposal with the Planning Division in order to review ordinance requirements and consistency with the General Plan. In completing the application form, please be as accurate and complete as possible.

APPLICANT CERTIFICATION

I hereby certify that the statements furnished in this application and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. In addition, I understand that the filing of this application grants the City of Temple City permission to reproduce submitted materials, including but not limited to, plans, exhibits, and photographs, for distribution to staff, Commission, and City Council Members, and other Agencies in order to process the application, and to make those materials available to the public on the City of Temple City's web site and cable channel, notwithstanding Health & Safety Code § 19851 or any other provision of law. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits and photographs for any purpose unrelated to the City's consideration of this application.

Signature: _____ Date: _____
Name (*print or type*): _____ Phone: _____

- OVER -

