



Town of Ross

Planning Department

Post Office Box 320, Ross, CA 94957

Telephone (415) 453-1453, Ext. 121

Fax (415) 453-1950 www.townofross.org

PLANNING APPLICATION FORM

Type of Application

(check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Accessory Dwelling Unit | <input type="checkbox"/> Minor Exception Permit |
| <input type="checkbox"/> Accessory Dwelling Unit Exception | <input type="checkbox"/> Minor Nonconformity Permit |
| <input type="checkbox"/> Appeals | <input type="checkbox"/> Nonconformity Permit |
| <input type="checkbox"/> Certificate of Compliance | <input type="checkbox"/> Tentative Map |
| <input type="checkbox"/> Demolition Permit | <input type="checkbox"/> Tentative Map Amendment |
| <input type="checkbox"/> Design Review | <input type="checkbox"/> Time Extension |
| <input type="checkbox"/> Design Review- Amendment | <input type="checkbox"/> Use Permit |
| <input type="checkbox"/> Exceptions for Attics | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Final or Parcel Map | <input type="checkbox"/> Zoning Ordinance Amendment |
| <input type="checkbox"/> General Plan Amendment | |
| <input type="checkbox"/> Hillside Lot Permit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Junior Accessory Dwelling Unit | |
| <input type="checkbox"/> Lot Line Adjustment | |

To Be Completed by Applicant:

Assessor's Parcel No(s): _____

Project Address: _____

Property Owner: _____

Owner Mailing Address (PO Box in Ross): _____

City/State/Zip: _____ Owner's Phone: _____

Owner's Email: _____

Applicant: _____

Applicant Mailing Address: _____

City/State/Zip: _____ Applicant's Phone: _____

Applicant's Email: _____

Primary point of Contact Email: ☐ Owner ☐ Buyer ☐ Agent ☐ Architect

To Be Completed by Town Staff:

Date Received: _____

Application No.: _____

Zoning: _____

Date paid: _____

TOTAL FEES: _____

Make checks payable to Town of Ross. Fees may not be refunded if the application is withdrawn.

SUBDIVISION INFORMATION ONLY

Number of Lots: _____

LOT LINE ADJUSTMENT ONLYDescribe the Proposed Lot Line Adjustment: _____

Existing Parcel Size(s)	<i>Parcel 1:</i>	<i>Parcel 2:</i>
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Adjusted Parcel Size(s)	<i>Parcel 1:</i>	<i>Parcel 2:</i>
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PARCEL ONE**PARCEL 2**

Owners Signature: _____

Owner's Signature: _____

Date: _____

Date: _____

Owner's Name (Please Print): _____

Owner's Name (Please Print): _____

Assessor's Parcel Number: _____

Assessor's Parcel Number: _____

* If there are more than two affected property owners, please attach separate letters of authorization.

REZONING OR TEXT AMENDMENT ONLY

The applicant wishes to amend Section _____ of the Ross Municipal Code Title 18. The applicant wishes to Rezone parcel _____ from the _____ Zoning District to _____.

GENERAL OR SPECIFIC PLAN AMENDMENT ONLYPlease describe the proposed amendment: _____
_____**CERTIFICATION AND SIGNATURES**

I, the property owner, do hereby authorize the applicant designated herein to act as my representative during the review process by City staff and agencies.

Owner's Signature: _____

Date: _____

I, the applicant, do hereby declare under penalty of perjury that the facts and information contained in this application, including any supplemental forms and materials, are true and accurate to the best of my knowledge.

Owner's Signature: _____

Date: _____

SIGNATURE:

I hereby authorize employees, agents, and/or consultants of the Town of Ross to enter upon the subject property upon reasonable notice, as necessary, to inspect the premises and process this application.

I hereby authorize Town staff to reproduce plans and exhibits as necessary for the processing of this application. I understand that this may include circulating copies of the reduced plans for public inspection. Multiple signatures are required when plans are prepared by multiple professionals.

I further certify that I understand the processing procedures, fees, and application submittal requirements.

I hereby certify that I have read this application form and that to the best of my knowledge, the information in this application form and all the exhibits are complete and accurate. I understand that any misstatement or omission of the requested information or of any information subsequently requested shall be grounds for rejecting the application, deeming the application incomplete, denying the application, suspending or revoking a permit issued on the basis of these or subsequent representations, or for the seeking of such other and further relief as may seem proper to the Town of Ross. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this application was signed at

_____, California on _____

Signature of Property Owner(s) and Applicant(s) Signature of Plan Preparer

Notice of Ordinance/Plan Modifications

- ☐ Pursuant to Government Code Section 65945(a), please indicate, by checking this box, if you would like to receive a notice from the Town of any proposal to adopt or amend the General Plan, a specific plan, zoning ordinance, or an ordinance affecting building permits or grading permits, if the Town determines that the proposal is reasonably related to your request for a development permit.

Alternate Format Information

The Town of Ross provides written materials in an alternate format as an accommodation to individuals with disabilities that adversely affect their ability to utilize standard print materials. To request written materials in an alternate format please contact us at (415) 453-1453, extension 105.

Consultant Information

The following information is required for all project consultants.

Landscape Architect

Firm _____
Project Landscape Architect _____
Mailing Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____
Email _____
Town of Ross Business License No. _____ Expiration Date _____

Civil/ Geotechnical Engineer

Firm _____
Project Engineer _____
Mailing Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____
Email _____
Town of Ross Business License No. _____ Expiration Date _____

Arborist

Firm _____
Project Arborist _____
Mailing Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____
Email _____
Town of Ross Business License No. _____ Expiration Date _____

Other

Consultant _____
Mailing Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____
Email _____
Town of Ross Business License No. _____ Expiration Date _____

Other

Consultant _____
Mailing Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____
Email _____
Town of Ross Business License No. _____ Expiration Date _____

Mandatory Findings for Variance Applications

In order for a variance to be granted, the following mandatory findings must be made:

Special Circumstances

That because of special circumstances applicable to the property, including size, shape, topography, location, and surroundings, the strict application of the Zoning Ordinance deprives the property of privileges enjoyed by other properties in the vicinity and under identical zoning classification. **Describe the special circumstances that prevent conformance to pertinent zoning regulations.**

Substantial Property Rights

That the variance is necessary for the preservation and enjoyment of substantial property rights. **Describe why the project is needed to enjoy substantial property rights.**

Public Welfare

That the granting of a variance will not be detrimental to the public welfare or injurious to other property in the neighborhood in which said property is situated. **Describe why the variance will not be harmful to or incompatible with other nearby properties.**

Neighborhood Outreach – *Shall be conducted for all discretionary planning projects.*

A neighborhood outreach description shall be prepared by the applicant. The description shall include how neighborhood outreach was conducted, dates neighbors were contacted, any meetings held, the specific concerns of neighbors and how those concerns were mediated (through changes to the proposal, site visits, etc.).

Neighborhood Outreach for (insert project address)				
NAME	ADDRESS	DATE CONTACTED	CONCERNS (IF ANY)	RESOLUTION

***Landscape Plan-**

All landscape plans must conform to the requirements of the Marin Municipal Water District (MMWD) Ordinance 414. Contact [MMWD](#) prior to submitting. Indicate whether project includes 500 square feet or more of landscape area per Model Water Efficiency Landscape Ordinance (MWELo) requirements.

***Vegetation Management Plan-**

Required for all projects located within the Wildlife Urban Interface (WUI) zone. Please submit VMP as a sheet in the required plan sets. For more information contact RVFD at 415.258.4673