Town of Ross

Planning Department

Post Office Box 320, Ross, CA 94957

Telephone (415) 453-1453 Website www.townofrossca.gov

Email planning@townofrossca.gov

PLANNING APPLICATION FORM

Type of Application
(check all that apply):

- ❑ Accessory Dwelling Unit
- ❑ Accessory Dwelling Unit Exception
- ❑ Appeals
- ❑ Certificate of Compliance
- ❑ Conceptual Design Review
- ❑ Demolition Permit
- ❑ Design Review
- ❑ Design Review- Amendment
- ❑ Exceptions for Attics
- ❑ Final or Parcel Map
- ❑ General Plan Amendment
- ❑ Lot Line Adjustment
- ❑ Minor Exception Permit
- ❑ Minor Nonconformity Permit
- ❑ Nonconformity Permit
- ❑ Parcel Merger
- ❑ Tentative Map
- ❑ Tentative Map Amendment
- ❑ Time Extension
- ❑ Use Permit
- ❑ Variance
- ❑ Zoning Ordinance Amendment
- ❑ Other:

To Be Completed by Applicant:
All contents of this document are part of the public record and will be posted to the Town's website.

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 Fees may not be refunded if the application is withdrawn.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 ONLY

Describe the Proposed Lot Line Adjustment:

Existing Parcel Size(s)	*Parcel 1:*	*Parcel 2:*
Adjusted Parcel Size(s)	*Parcel 1:*	*Parcel 2:*

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 ONLY

Please 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 understand that the contents of this document are part of the public record and will be posted to the Town's website.

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*

ARCHITECT INFORMATION, CONSENT, AND SIGNATURE

I CONSENT or I DO NOT CONSENT to allow the Town of Ross to post online, in whole or in part, the architectural drawings and plans submitted for this project, including information protected by copyright laws, on the official Town of Ross website https://www.townofrossca.gov/ as an indefinite online record for the project, including public hearings and meetings. If I do not consent, then only those architectural sheets and materials permitted under Senate Bill 1214 (e.g., site plan and massing diagram) will be posted on the Town website. I am the design professional or copyright owner authorized to provide this consent.

Select one: ☐ **I CONSENT** or ☐ **I DO NOT CONSENT**

Architect/ Copyright Owner Name: _____ Phone No: _____

Company (if applicable): _____ Email: _____

_____ _____

Signature of Architect/ Copyright Owner Date

Written Project Description – *may be attached***.**

A complete description of the proposed project, including all requested types of application, such as variances, is required. The description may be reviewed by those who have not had the benefit of meeting with the applicant, therefore, **be thorough in the description**. For design review applications, please provide a summary of how the project relates to the design review criteria in the Town zoning ordinance (RMC §18.41.100).

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