



COUNTY OF SANTA BARBARA

Planning and Development

www.sbcountyplanning.org

# Telecommunications-New Facility

**TELECOMMUNICATIONS- NEW FACILITY permit type varies with the type, size and location of the facility being proposed. To determine which permit type your project requires, review the Telecommunications Chapter 35.44 in the Land Use Development Code. Then check the box below that applies.**

- MAJOR CONDITIONAL USE PERMIT (MAJOR CUP)
- MINOR CONDITIONAL USE PERMIT (MINOR CUP)
- DIRECTOR DEVELOPMENT PLAN (DVP)
- LAND USE/COASTAL DEVELOPMENT PERMIT\* (STAND ALONE LUP/CDP) *\*for Tier 1 projects only*

## THIS PACKAGE CONTAINS \_\_\_\_\_

- ✓ SUBMITTAL REQUIREMENTS
- ✓ APPLICATION FORM

## AND, IF ✓'D, ALSO CONTAINS \_\_\_\_\_

- AGREEMENT FOR PAYMENT OF PROCESSING FEES  
[Click to download Agreement to Pay form](#)
- AGENT AUTHORIZATION FORM  
[Click to download Authorization of Agent form](#)
- FIRE DEPARTMENT VEGETATION PLAN INFORMATION  
[For additional information regarding Fire Department Requirements click here](#)
- STORMWATER CONTROL PLAN  
[For project applicability and SCP submittal requirements, click here](#)

**South County Office**  
 123 E. Anapamu Street  
 Santa Barbara, CA 93101  
 Phone: (805) 568-2000  
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## SUBMITTAL REQUIREMENTS TELECOMMUNICATIONS NEW FACILITY

### Military Land Use Compatibility Planning Requirements

Is the site located in an area with any military uses/issues?  Yes  No

Please review the website to determine applicability. <http://cmluca.gis.ca.gov/>. This requirement applies to all General Plan Actions and Amendments, and Development Projects that meet one or more of the following conditions:

- 1) Is located within 1,000 feet of a military installation,
- 2) Is located within special use airspace, or
- 3) Is located beneath a low-level flight path

Copy of report attached?  Yes  No

### Cities Sphere of Influence

Is the site within a city sphere of influence?<sup>1</sup>  Yes  No

If yes, which city? \_\_\_\_\_

Please submit a digital or "soft" copy of the items marked "**+1 digital**" in addition to the copies noted.

\_\_\_ 2 Copies of completed application form including:

- Detailed project description **+1 digital**
- Alternative site analysis

\_\_\_ 3 Full sets of plans for permit application\* - Folded To 8-1/2" X 11" **+1 digital**

#### Site Plans

- Vicinity map showing configuration of parcel and location of lease area
- Location of existing occupied structures on and around the property (homes, school, etc.)
- Topographic contour lines (if existing grade exceeds 16%)

Floor plans identifying configuration lease area(s) and dimensions of equipment

Elevations of antenna support structure(s) and equipment compound

- specifying maximum antenna tip height(s)
- include generator and utility rack(s) proposed
- include fencing proposed

#### Landscape plan

- existing trees identified by species and trunk diameter measured at breast height
- proposed trees and/or other vegetation
- irrigation plan

Grading and drainage plans showing proposed:

- cut and fill calculations
- existing and proposed contour lines
- methods of conveying water off the site

<sup>1</sup>If additional information is needed regarding location of a City's Sphere of Influence, please contact our zoning information counter.  
Updated by FTC 120716

- \_\_\_ 1 Stormwater Control Plan for Regulated Projects (See Section VIII)
- \_\_\_ 3 Copies of the plans reduced to 11" x 17"
- \_\_\_ 3 Sets of photo simulations\* (NO XEROX COPIES) from three vantage points: **+1 digital**
  - close-up
  - mid-field
  - nearest public viewing area

The following is also required:

- orient the viewer by direction ("looking northwest from...")
- identify the facility with an arrow and/or label for distant views where indistinguishable
- identify nearby/collocating existing facilities

- \_\_\_ 1 Proof of notification to all other wireless carriers of application submittal to the County
- \_\_\_ 1 Copy of all "Appendix A" Forms specified below:

For each licensee (i.e., "ABC Wireless" or "XYZ Wireless"), **and** for each radio service (i.e., "PCS" or "Cellular"), complete and attach a separate two page "Appendix A" form from "A Local Government Official's Guide to Transmitting Antenna RF Emission Safety: Rules, Procedures, and Practical Guidance" available by download directly from the FCC at <http://www.fcc.gov/oet/rfsafety/>. Ensure that all proposed emissions from this project are accounted for on the Appendix A forms you submit.

Distributed Antenna System (DAS) providers and all other who are not licensed by the FCC for the radio services proposed for this project and identified in 3.09: Unless the DAS provider is the FCC licensee for the proposed project, the DAS provider must provide an Appendix A form completed by each wireless carrier or wireless service provider to be transmitted through the Project at each wireless site. Appendix A forms completed by a DAS provider are unacceptable if they are not the FCC licensee for the particular wireless service(s) to be transmitted through the project.

For consistency, all Appendix A forms submitted must use effective radiated power (ERP) units of measure. Do not use effective isotropic radiated power (EIRP). To verify your understanding of this requirement, you must append the letters "ERP" following each wattage listing in each Appendix A form you submit.

- \_\_\_ 1 Radiofrequency exposure report done by a certified 3<sup>rd</sup> party to the applicant **+1 digital**

The following is also required as a part of the report:

- description of existing facilities and antennas, including collocated facilities and antennas
- description of the proposed facilities and antennas
- measurements of existing emissions at the site (if existing facilities are nearby)
- projection of the emissions corresponding to the proposed project
- projection of the cumulative emissions of the existing and proposed facilities

suggested mitigation measures, if applicable

\_\_\_ 1 Alternative Site Analysis Map and Report **+1 digital**

The following is required as a part of the map:

siting restrictions, also known as the RF engineer's "search ring," should be depicted to show the limits of the area in which a site could potentially be located to meet the needed coverage objective

proposed project location

existing telecommunications facilities nearby

alternative locations considered on the property

alternative locations considered on other properties

map legend identifying the alternative locations (property name, address, APN, etc.)

The following is also required:

Please provide written explanation of why your project location is the best feasible site for your project objective. Be sure to include all other alternative locations looked at for the facility siting and why they were not feasible options (i.e. unwilling landowner, greater aesthetic impact, could not serve the coverage objective, etc.) If existing facilities are in the near vicinity please describe why collocation is not feasible.

\_\_\_ 1 Please provide the Latitude and Longitude in degrees, minutes, and seconds in NAD 83.

\_\_\_ 1 Proof of legal access, please provide one of the following:

Signature of all involved parties on application form (page 13); or

Letter of Authorization from all involved parties. Full addresses of all owners must be on the Letter of Authorization; or

For utility pole facilities, Joint Pole Agreement from the Southern California Joint Pole Committee

\_\_\_ 1 Title Report demonstrating parcel validity

\_\_\_ 1 Set of Coverage Maps demonstrating the carrier's coverage **+1 digital**

Tower companies, Distributed Antenna System (DAS) providers and all others who are not licensed by the FCC for the radio services proposed for this project: You must provide radio frequency coverage maps prepared by the FCC licensee(s) that will control the RF emissions from this project. Radio frequency coverage maps required here that are completed by a Tower or DAS provider are unacceptable if they are not the FCC licensee for the particular wireless service transmitted through the project.

The following is required as a part of the maps:

one map of the coverage provided by the proposed project alone

- one map of the existing coverage without the proposed project
- one map with just the proposed coverage and existing coverage combined
- map legend identifying qualifications of good/fair/poor/lacking service
- proposed site location
- existing sites contributing to coverage nearby (with site identification numbers)

\_\_\_ 1 Check payable to Planning & Development

\_\_\_ 1 Agreement to Pay form  
[Click to download Agreement to Pay form](#)

## SUPPLEMENTAL REQUIREMENTS

The following may be required to complete your application. Please consult planner to determine if necessary for your project.

- \_\_\_ 2 Copy of any special studies or reports such as archaeological and historical assessments, traffic studies, marketing studies, employee data and noise studies. Studies or reports will remain confidential (not a part of the public case file) if requested by the applicant.
- \_\_\_ 1 Proof of Road Encroachment Permit application submittal

### NOTES:

1. Additional items may be requested as necessary to process evaluation of the proposed project's consistency with applicable State and County regulations and conduct a more detailed analysis of its environmental impacts.



PLANNING & DEVELOPMENT
PERMIT APPLICATION

SITE ADDRESS:
ASSESSOR PARCEL NUMBER:
PARCEL SIZE (acres/sq.ft.): Gross Net
COMPREHENSIVE/COASTAL PLAN DESIGNATION: ZONING:
CARRIER SITE ID#: COORDINATES: (long.) (lat)
Are there previous permits/applications? no yes numbers:
Did you have a pre-application? no yes if yes, who was the planner?
Are there previous environmental (CEQA) documents? no yes numbers:

- 1. Financially Responsible Person (For this project) Phone: FAX: Mailing Address: Street City State Zip
2. Applicant: Phone: FAX: Mailing Address: Street City State Zip E-mail:
3. Agent: Phone: FAX: Mailing Address: Street City State Zip E-mail:
4. Property Owner: Phone: FAX: Mailing Address: Street City State Zip State/Reg Lic#
5. Engineer/Surveyor: Phone: FAX: Mailing Address: Street City State Zip State/Reg Lic#
6. Contractor: Phone: FAX: Mailing Address: Street City State Zip State/Reg Lic#
7. Radiofreq. Engineer: Phone: FAX: Mailing Address: Street City State Zip State/Reg Lic#

PARCEL INFORMATION: (Check each that apply. Fill in all blanks or indicate "N/A")
1. Existing Use: Agric Residential Retail Office Indus Vacant Other
2. Existing: # of Buildings Gross Sq. Ft.: # Res. Units: Age of Oldest Struct.:
3. Proposed: Project: Gross Sq. Ft.: # Res. Units
4. Grading (cu. yd.): Cut Fill Import Export Total:
Total area disturbed by grading (sq. ft. or acres):

COUNTY USE ONLY

Case Number: Companion Case Number:
Supervisory District: Submittal Date:
Applicable Zoning Ordinance: Receipt Number:
Project Planner: Accepted for Processing
Zoning Designation: Comp. Plan Designation

**II. PROJECT DESCRIPTION:** Please provide a complete description of your project using the description outline below or by typing your own on a separate sheet and attaching it to the front of your application.

The project is a request by the agent, (agent's name), for the applicant, (applicant's name), for a (Land Use Permit/Coastal Development Permit, Director Development Plan, or Major/Minor Conditional Use Permit) to allow construction and use of an unmanned, telecommunications facility under provisions of County code zoning requirements for property zoned (zoning desig.). The facility would be located on APN (#) on a (#) -square foot lease area on a (#) -acre parcel owned by (owner's name).

The applicant is proposing to construct an unmanned wireless facility that would include (number and size of panels or whip antennas, {ex. three (3) 4-foot panels}) in (# of sectors) (identify azimuth) with (# of antennas) per sector. The antennas are {directional/omnidirectional} and would be mounted on a (or number of antenna structures) proposed (# of feet high) -foot high, (wood/metal/lattice, etc.) (pole/tower). (Include other antenna types, {ex. The applicant also proposes the installation of a 6-inch oval GPS antenna.}) The service wattage for the facility would be (# of transmitters and watts/transmitter) and would have a maximum Effective Radiated Power (ERP) of (# of watts). The antennas would be operating in the (type of bandwidth, {ex. PCS.}) at (# MHz) with a maximum of (# of channels). The proposed facility would cover (or provide additional capacity for) (give location of coverage, ex. the intersection of Hollister and Storke, and north along Glen Annie Road) with a range of (approximate range of coverage, ex. 2-miles in each direction).

All equipment for the antenna(s) would be located (at the base of the structure, or in an associated equipment shelter {give dimensions of equipment structure}), on a proposed (dimensions of concrete pad) concrete pad. The equipment would be serviced by (electric company) and (telephone company) (underground, or via a power pole connection) from (existing/new) utilities in a (proposed trench approximately, {give dimensions of proposed trenching}). The proposed facility would (not) require grading other than this trenching. (The facility would require # -cubic feet of grading).

Access to the facility would be from (describe access; {ex. a private road from Hollister Ave.}) {describe any grading proposed for access roads}). The facility would be secured by (Describe structures included to exclude the public from the site, ex. 6-foot high chain link fence with three-strand barbed wire atop to enclose the lease area.)

The equipment would be lit (constantly or intermittently {ex. on a 2-hour timer}) by (# of lights) (wattage of lights). The entire facility (minus the trenching) would be contained in the (#)-square foot lease area on a (ridgeline, hilltop, etc.) at an elevation of (# of feet above sea level) near (road intersection) interchange in (city or area). The antennas and (support structure) would be painted (type of color, {ex. a medium grayish color}) (such as "(color name)" by (manufacturer)) while the remaining visible equipment would be painted (type of color, {ex. a medium grayish color}) (such as "(color name)" by (manufacturer)). In the event of a power failure, (a generator would be brought from off-site and temporarily installed to maintain power to the facility; or on-site batteries; or on-site generator, etc.). The equipment would be cooled by (# of AC units) air-conditioning units operating (describe method of operation, ex. intermittently and not simultaneously as needed).

Additionally, the project would include (Describe aspects of project designed to reduce visual impacts, ex. new landscaping including dense Cypress trees with irrigation and a 3-foot berm encircling the facility would be installed to reduce the visibility of the site.)



For all questions below, attach additional sheets if necessary, referencing the section and question number. Please fill in every blank. Use "N/A" where question is not applicable.

**III. LICENCES AND CERTIFICATIONS:**

A. What type of service(s) would the proposed project provide?

- Amateur Radio
- Broadcast Radio
- Broadcast TV
- Cellular telephone
- Distributed Antenna System (DAS)
- Enhanced Specialized Mobile Radio
- Microwave
- PCS telephone
- Paging
- Specialized Mobile Radio
- WiMax/WiFi
- Other(s) (specify): \_\_\_\_\_

B. List all of the FCC licenses call signs or Construction Permit identifications for the proposed facility.

\_\_\_\_\_

\_\_\_\_\_

C. If any portion of the project is to utilize radio spectrum that does not require an FCC license, identify in detail the portions of the project that used unlicensed spectrum.

\_\_\_\_\_

\_\_\_\_\_

D. Does this Project require the Applicant to file an FAA Form 7460 or other documentation under Federal Aviation Regulation Part 77.13 et seq, or under the FCC rules? Y\* N \*If Yes, why?

\_\_\_\_\_

\_\_\_\_\_

E. Is any telecommunications service to be offered from this project subject to a California Public Utilities Commission 'Certificate of Public Convenience and Necessity' (CPCN)? Y N

**IV. COVERAGE/ CAPACITY:**

A. Indicate the dominant purpose of the Project (check only one, and then proceed where directed):

- Add network capacity without adding significant new RF coverage area: Proceed to B; or
- Provide significant new radio frequency coverage in an area not already served by radio frequency coverage: Proceed to B; or
- Increase the existing RF signal level in an area with existing radio frequency coverage: Proceed to the next section; or
- If other, please state: \_\_\_\_\_

B. Is this project intended to close a “significant gap” in coverage? Y N If No, proceed to C.

C. Attach a written statement fully and expansively describing the following:

- a. A clear description of the geographic boundary of the claimed significant gap area;
- b. Attach a street-level map showing the geographic boundary of the claimed significant gap;
- c. Identify the size of the area, in units of square miles, of the claimed significant gap;
- d. Explain exactly the definition of the term “significant gap” as it applies to this project;
- e. Explain exactly how the definition of significant gap term defined above was developed;
- f. Discuss, if known, whether the significant gap term defined above is identical to that term as used by some or all wireless carriers in the County of Santa Barbara;
- g. Specify whether the definition of “significant gap” provided is the same definition used by this applicant and owner in all of its prior projects submitted to the County of Santa Barbara, and if not, explain all differences;
- h. Discuss all of the following in relation to the claimed significant gap area only:
  - i. Whether claimed significant gap affects significant commuter highway or railway, and if so, how;
  - ii. Describe in detail the nature and character of that area or the number of potential users in that area who may be affected by the claimed significant gap;
  - iii. Describe whether the proposed facilities are needed to improve weak signals or to fill a complete void in coverage, and provide proof of either;
  - iv. If the claimed significant gap covers well traveled roads on which customers lack roaming capabilities, identify all such well traveled roads by name within the claimed significant gap area and provide road use information about each such road;
  - v. If any “drive test” has been conducted within the claimed significant gap area, discuss in detail the methodology of how the test(s) was conducted, and provide all of the objective data collected during the drive test in .XLS or .CSV or similar portable spreadsheet format;
  - vi. If the claimed significant gap affects a commercial district, show the boundaries of the district on the map;
  - vii. If the claimed significant gap poses a public safety risk, describe in detail the claimed risk, and the expansively discuss the basis for this claim; and
- i. Provide all other relevant information you believe is useful for the County of Santa Barbara to consider when evaluating your claim of significant gap.

**V. COLLOCATION:**

A. Is the proposed facility collocatable? Y N\* \*If No, why not? If Yes, see question B.

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B. What is the maximum build-out for the proposed facility?

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**VI. GRADING:** Will there be any grading associated with the project? Y N

**(NOTE: For proposed access drives over 12% grade, a clearance letter from the Fire Dept. will be required)**

CUT \_\_\_\_\_ cubic yards AMOUNT TO BE EXPORTED \_\_\_\_\_ c.y.

FILL \_\_\_\_\_ c.y. AMOUNT TO BE IMPORTED \_\_\_\_\_ c.y.

MAXIMUM VERTICAL HEIGHT OF CUT SLOPES \_\_\_\_\_

MAXIMUM VERTICAL HEIGHT OF FILL SLOPES \_\_\_\_\_

MAXIMUM HEIGHT OF ANY PROPOSED RETAINING WALL(S) \_\_\_\_\_

TOTAL AREA DISTURBED BY GRADING (sq. ft. or acres) \_\_\_\_\_

What is the address of the pick-up/deposit site for any excess cut/fill?

\_\_\_\_\_

Specify the proposed truck haul route to/from this location.

\_\_\_\_\_

**VII. SITE INFORMATION**

A. Is this property under an Agricultural Preserve Contract? Y N

B. Describe any unstable soil areas on the site.

\_\_\_\_\_  
\_\_\_\_\_

C. Name and describe any year round or seasonal creeks, ponds, drainage courses or other water bodies. How is runoff currently conveyed from the site?

\_\_\_\_\_  
\_\_\_\_\_

D. Has there ever been flooding on the site? Y N  
If yes, state the year and describe the effect on the project site.

\_\_\_\_\_  
\_\_\_\_\_

E. Describe any proposed drainage and/or flood control measures. How will storm water be conveyed across and from the site? Where will storm water discharge?

\_\_\_\_\_  
\_\_\_\_\_

- F. Will the project require the removal of any trees? Y N  
 If so, please list them here as requested. Attach additional sheets as necessary.

<u>Type</u>	<u>Diameter (at 4' height)</u>	<u>Height</u>

Explain why it is necessary to remove these trees.

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- G. Describe any noise sources that currently affect the site.

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- H. Are there any prehistoric or historic archaeological sites on the property or on neighboring parcels?

Y N Unknown

If yes, describe. \_\_\_\_\_

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- I. Describe all third party property interests (such as easements, leases, licenses, rights-of-way, fee ownerships or water sharing agreements) affecting the project site, provision of public utilities to the site or drainage off the site.

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- J. Have you incorporated any measures into your project to mitigate or reduce potential environmental impacts? Y N Unknown If so, list them here. (Examples include tree preservation plans, creek restoration plans, and open space easements.)

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**VIII. STORM WATER MANAGEMENT AND APPLICATION OF LOW IMPACT DEVELOPMENT FEATURES**

Is the project located in the NPDES Permit Area<sup>2</sup> ? Y N Undetermined

If Yes and 2,500 square feet or more of new or replaced impervious area, the project shall comply with the following:

Tier 1. If the project is 2,500 square feet or more of new or replaced impervious area, submit a *Stormwater Control Plan for Small (Tier 1) Projects*<sup>1</sup> with this application that identifies Low Impact Development measures incorporated into the project design, such as:

<sup>2</sup> See [www.sbprojectcleanwater.org](http://www.sbprojectcleanwater.org) under “Development” for map of the NPDES Permit Area, Stormwater Technical Guide, Stormwater Control Plan template, Stormwater Control Plan for Small (Tier 1) Projects, and a definition of Low Impact Development.

- Limit disturbance of natural drainage features
- Limit clearing, grading, and soil compaction
- Minimize impervious surfaces
- Minimize runoff by dispersing runoff to landscape or using permeable pavements

Tier 2. If the project is 5,000 square feet or more of new or replaced “net impervious” area (not Single Family Dwelling), or if the project is Single Family Dwelling with 15,000 square feet or more of new or replaced “net impervious” area, submit a *Stormwater Control Plan* with this application that identifies 1) Low Impact Development measures incorporated into the project design and 2) stormwater quality treatment measures. [“Net impervious” is defined as the sum of new and replaced impervious surface area minus any reduction in impervious, such as new landscaped area. It is an incentive for redevelopment projects to increase pervious area.]

Tier 3. If the project is 15,000 square feet or more of new or replaced impervious area, submit a *Stormwater Control Plan* with this application that identifies the above requirements and also identifies retention of stormwater runoff from a regulated storm event.

If No, the project is not located in the NPDES Permit Area, but is a Regulated Project, the project shall comply with the following:

Regulated Project:

1. Residential subdivision developments with 10 or more dwelling units;
2. Commercial development of 0.5 acres or greater;
3. Parking lots of 5,000 square feet or more or have 25 or more parking spaces and are potentially exposed to storm water runoff;
4. Automotive repair shops;
5. Retail gasoline outlets;
6. Restaurants, and
7. Any new development or redevelopment where imperviousness exceeds one acre.

Water Quality: Submit a *Stormwater Control Plan* with this application that identifies measures to reduce and remove pollutants from storm water runoff. The *Stormwater Control Plan* will follow the Tier 2 approach described in the Stormwater Technical Guide, with storm water treatment, source control, and LID<sup>3</sup> measures.

## IX. ACCESS

- A. Describe the existing access road(s) to the site. Include road widths, shoulders, and type of surface material.

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- B. Does property front on a public street? Y N  
 Is access to be taken from this public street? Y N  
 Name of public street: \_\_\_\_\_

- C. Will the proposed access utilize an easement across neighboring property? Y\* N  
**\*Submit documentation which supports the applicant's use of this easement.**

<sup>3</sup> Low Impact Development is a design approach that minimizes or eliminates pollutants in storm water through natural processes and maintains pre-development hydrologic characteristics, such as flow patterns, onsite retention, and recharge rates. For examples and design guidance see <http://www.sbprojectcleanwater.org>.

D. Describe proposed construction equipment access \_\_\_\_\_  
 \_\_\_\_\_

**X. DEVELOPMENT AND USE**

A. Existing: Describe the existing structures and/or improvements on the site.

<u>Use</u>	<u>Size (sq ft)</u>	<u>Height</u>	<u># of Dwelling Units</u>
_____	_____	_____	_____
_____	_____	_____	_____

B. Proposed: Describe the proposed structures and/or improvements.

<u>Use</u>	<u>Size (sq ft)</u>	<u>Height</u>	<u># of Dwelling Units</u>
_____	_____	_____	_____
_____	_____	_____	_____

C. Will any structures be demolished or removed? \_\_\_\_\_ If so, please list them here as requested.

<u>Current Use</u>	Historic Use	Age	<u>Rental Price (if rented)</u>
_____	_____	_____	_____
_____	_____	_____	_____

D. Describe all other existing uses of the property.  
 \_\_\_\_\_  
 \_\_\_\_\_

E. How will the project affect the existing uses of the property?  
 \_\_\_\_\_  
 \_\_\_\_\_

F. Describe any other historic use(s) of the property. This may include agricultural (include crop type), commercial, or residential uses.  
 \_\_\_\_\_  
 \_\_\_\_\_

G. Provide a short description of the land uses surrounding the site.  
 North \_\_\_\_\_  
 South \_\_\_\_\_  
 East \_\_\_\_\_  
 West \_\_\_\_\_

H. STATISTICS: Mark each section with either the information requested or "n/a" if not applicable.

	<u>EXISTING</u>	<u>PROPOSED</u>	<u>TOTAL</u>
BUILDING COVERAGE	_____	_____	_____
IMPERMEABLE ROADS/PARKING/ WALKWAYS (sq. ft.)	_____	_____	_____
OPEN SPACE (sq. ft.)	_____	_____	_____
RECREATION (sq. ft.)	_____	_____	_____
LANDSCAPING (sq. ft.)	_____	_____	_____
AGRICULTURAL LANDS (sq. ft.)	_____	_____	_____
POPULATION (#) (employees/residents)	_____	_____	_____
DWELLING, HOTEL/MOTEL UNITS	_____	_____	_____
PARKING (on-site)			
TOTAL # OF SPACES	_____	_____	_____
# OF COVERED SPACES	_____	_____	_____
# OF STANDARD SPACES	_____	_____	_____
SIZE OF COMPACT SPACES	_____	_____	_____

Estimate the cost of development, excluding land costs. \_\_\_\_\_

**XI. PARCEL VALIDITY**

P&D requires applications for development on vacant, unimproved property to provide clear evidence that the property is a separate legal lot. The following documents that show the subject property in its current configuration constitute acceptable evidence of a separate, legal lot: a recorded Parcel or Final Map, a recorded Official Map, a recorded Certificate of Compliance or Conditional Certificate of Compliance, an approved Lot Line Adjustment, a recorded Reversion to Acreage, a recorded Voluntary Merger or an approved Lot Split Plat.

A. Type of evidence provided to demonstrate a separate, legal lot:

\_\_\_\_\_

Copy of evidence attached:             Yes                             No

Reference number for evidence supplied: \_\_\_\_\_

**XII. PUBLIC/PRIVATE SERVICES**

**A. WATER:**

1. If the property is currently served by a private well, submit the following for each well:

- a. Pumpage records (electrical meter or flow meter readings) for the past 10 years
- b. Pump test data
- c. Location of other wells within 500 feet
- d. Water quality analysis
- e. Drillers report (with construction details)
- f. Copy of applicable well sharing agreement

2. Does the well serve other properties? Y N

If yes, address(es): \_\_\_\_\_

3. Is a well proposed? Y N If so, will it serve other properties? Y N

If yes, address(es): \_\_\_\_\_

4. If the property is currently served by a private or public water district, submit the following:

a. Name: \_\_\_\_\_

5. Will the project require annexation to a public or private water company? Y N

If yes, name: \_\_\_\_\_

**B. SEWAGE DISPOSAL:**

1. Existing: Indicate if the property is currently served by the following:

- |                          |        |                     |
|--------------------------|--------|---------------------|
|                          | Yes/No |                     |
| a. Septic system*        | _____  |                     |
| b. Drywell*              | _____  |                     |
| c. Public sewer district | _____  | If yes, name: _____ |

\*Submit engineering details on septic tanks and dry wells, as well as calculations for leach field size, where applicable.

2. Proposed: Indicate what sewage disposal services are proposed as part of this project?

- a. Septic system\* \_\_\_\_\_
- b. Drywell\* \_\_\_\_\_
- c. Public sewer district \_\_\_\_\_ District Name: \_\_\_\_\_

\*Submit percolation tests and/or drywell performance tests as applicable.

3. Will the project require annexation to any public sewer district? Y N

Name: \_\_\_\_\_

**C. FIRE PROTECTION**



1. Fire protection is (will be) provided by the \_\_\_\_\_ Fire Department.  
(Montecito, Summerland, S.B. County)
  
2. Is there an existing water main infrastructure in the vicinity? Circle one: Yes No
  
3. How far away is the nearest standard fire hydrant? \_\_\_\_\_ feet.
  
4. Is a new fire hydrant proposed? Circle one: Yes No
  
5. If a new hydrant is proposed, what is the longest driving distance from the proposed hydrant to the proposed building(s)? \_\_\_\_\_ feet.
  
6. Will fire protection be provided by an on-site water storage tank? Circle one: Yes No  
Tank capacity: \_\_\_\_\_ gallons
  
7. What is the driving distance from the water tank to the proposed structure(s)? \_\_\_\_\_ feet.
  
8. Is a fire sprinkler system proposed? Yes No Location \_\_\_\_\_
  
9. Describe the access for fire trucks. Include width and height clearance for access and surface material.  
\_\_\_\_\_  
\_\_\_\_\_
  
10. Will hazardous materials be stored or used? Y/N List any hazardous materials which may be used or stored on the site. \_\_\_\_\_  
\_\_\_\_\_

### HAZARDOUS WASTE/MATERIALS

Please read and answer the following questions if, in the known history of the property, there has been any storage (above or underground) or discharge of hazardous materials or if the proposal includes storage, use or discharge of any hazardous material. Hazardous materials include pesticides, herbicides, solvents, oil, fuel, or other flammable liquids. Attach additional sheets if necessary.

**Past & Present:**

List any hazardous materials which have been or are currently stored/discharged/produced on the property. Describe their use, storage and method of discharge. Provide dates where possible.

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If a characterization study has been prepared, please submit it with this application.

Is the project site on the County Site Mitigation list? Y N Unknown

Is the site on the CA Hazardous Waste and Substances Sites list? Y N Unknown

**Proposed Project:**

List any hazardous materials proposed to be stored/discharged/produced on the property. Describe the proposed use and method of storage and disposal.

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If the proposed project involves use, storage or disposal of any hazardous materials, please contact County Fire Department at 686-8170 to determine whether additional submittals are required.

**Please include any other information you feel is relevant to this application.**

**CERTIFICATION OF ACCURACY AND COMPLETENESS:** Signatures must be completed for each line. If one or more of the parties are the same, please re-sign the applicable line.

**Applicant's signature authorizes County staff to enter the property described above for the purposes of inspection.**

*I hereby declare under penalty of perjury that the information contained in this application and all attached materials are correct, true and complete. I acknowledge and agree that the County of Santa Barbara is relying on the accuracy of this information and my representations in order to process this application and that any permits issued by the County may be rescinded if it is determined that the information and materials submitted are not true and correct. I further acknowledge that I may be liable for any costs associated with rescission of such permits.*

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Print name and sign - Applicant/Agent

Date

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Print name and sign - Landowner

Date