



Planner Consultation

A PLANNER CONSULTATION-(CNS) is a paid session with planning staff to answer detailed questions about the planning process and regulations, ordinance requirements or permit procedures. You will receive a monthly invoice for all processing costs. A refund will be given if final charges are less than your security deposit, or you will receive a final bill, if final charges exceed your security deposit. A pre-application may be recommended if the scope of your request is extraordinary. Please remember that planners cannot predict final decisions nor answer "will my project be approved?" A security deposit must be received at the time of application submittal.

THIS PACKAGE CONTAINS _____

✓ APPLICATION

AND, IF ✓'D, ALSO CONTAINS _____

AGREEMENT TO PAY FOR PROCESSING FEES

[Click to download Agreement to Pay form](#)

South County Office
123 E. Anapamu Street
Santa Barbara, CA 93101
Phone: (805) 568-2000
Fax: (805) 568-2030

Energy Division
123 E. Anapamu Street
Santa Barbara, CA 93101
Phone: (805) 568-2000
Fax: (805) 568-2030

North County Office
624 W. Foster Road, Suite C
Santa Maria, CA 93455
Phone: (805) 934-6250
Fax: (805) 934-6258

Website: www.sbcountyplanning.org

SUBMITTAL REQUIREMENTS FOR A PLANNER CONSULTATION

Cities Sphere of Influence

Is the site within a city sphere of influence? ** Yes No

If yes, which city? _____

_____ 1 Copy of completed Application

_____ 1 Check payable to Planning & Development

This deposit will be held on account, similar to a security deposit. You will receive monthly invoices that must be paid within 25 days from the date of the invoice. The deposit will be applied to the final invoice.

_____ 1 Agreement to Pay For Processing Fees
[Click to download Agreement to Pay form](#)

** If additional information is needed regarding location of a City's Sphere of Influence, please contact our zoning information counter.



PLANNING & DEVELOPMENT
PERMIT APPLICATION

SITE ADDRESS:
ASSESSOR PARCEL NUMBER:
PARCEL SIZE (acres/sq.ft.): Gross Net
ZONING:
COMPREHENSIVE/COASTAL PLAN DESIGNATION:
Are there previous permits/applications?
Did you have a pre-application?
Are there previous environmental (CEQA) documents?
Project description summary:

- 1. Financially Responsible Person
2. Owner
3. Agent
4. Arch./Designer
5. Engineer/Surveyor
6. Contractor

I hereby certify to the best of my knowledge, the information contained in this application and all attached materials are correct, true and complete.

Signature

Print name/date

COUNTY USE ONLY

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

