



Substantial Conformity

Substantial Conformity Determination - Once a permit has been issued, an applicant may request that a "minor" modification be found in substantial conformity with a map or with a specific condition of approval. Such determinations are processed by staff guided by criteria set forth in the Zoning Ordinance.

THIS PACKAGE CONTAINS _____

- ✓ SUBMITTAL REQUIREMENTS
- ✓ APPLICATION
- ✓ INDEMNIFICATION AGREEMENT

AND, IF ✓'D, ALSO CONTAINS _____

AGREEMENT FOR PAYMENT OF PROCESSING FEES

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

PLAN AND MAP REQUIREMENTS

[Click to download Site Plan and Topographical Map Requirements](#)

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
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

- ___ 1 Copy of Application
- ___ 1 Copy of approved site plan/map
[Click to download Site Plan and Topographical Map Requirements](#)
- ___ 2 Copies of proposed revised site plan (for substantial conformity determination)
- ___ 1 Copy of any plans to which the request specifically applies (e.g., if requesting a modification to landscape condition, include approved landscape plan).
- ___ 1 Copy of the final action letter including conditions of approval for the original discretionary project (TEX, MOD, MPC, SCD)
- ___ 1 Copy of any approved Land Use or Coastal Development Permits
- ___ 1 Agreement to Pay Form
[Click to download Agreement to Pay form](#)
- ___ 1 Indemnification Agreement
- ___ 1 Check payable to Planning & Development

Planning and Development does not keep extra copies of plans and maps after project approval. Files are microfiched. You are responsible for submitting copies of your approved plans/maps.

NOTES:

1. Additional copies of submittals may be required. Requests of this type vary in complexity. Most will require only one planner's review, but others must be looked at by other departments. If your application falls into the latter category, the application coordinator or your planner will let you know so your request may be expedited.



PLANNING & DEVELOPMENT
PERMIT APPLICATION

SITE ADDRESS:
ASSESSOR PARCEL NUMBER:
PARCEL SIZE (acres/sq.ft.): Gross Net
PROJECT NAME:
TRACT NUMBER:
DID YOU HAVE A PRE-APPLICATION? No Yes If yes, who was the planner?
PROJECT DESCRIPTION SUMMARY:
IS THIS APPLICATION (POTENTIALLY) RELATED TO CANNABIS ACTIVITIES? No Yes

1. Financially Responsible Person: (for this project) Phone:
Mailing Address: Street City State ZIP
2. Owner: Phone: FAX:
Mailing Address: Street City State Zip E-mail:
3. Agent: Phone: FAX:
Mailing Address: Street City State Zip E-mail:
4. Arch./Designer: 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. Soils Lab: Phone: Reg.
Mailing Address: Street City State ZIP State/Reg Lic#

COUNTY USE ONLY

Case No.: Submittal Date:
Supervisory District: Date Accepted for Processing:
Applicable Zoning Ord.: Companion Case No(s):
Project Planner: Subdivision Committee Hearing Date:
Project Name: Project Description:

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.

II. PROJECT DESCRIPTION: Please use the space below or type on a separate sheet and attach to the front of your application a complete description of your request including the permit/decision requested, location, setting, and purpose of the project, reason for time extension, modification, change in plans, etc.

III. FORMER PROJECT INFORMATION

B. List all previous project numbers, the dates of approval and the decision maker.

Project #	Date of Final Approval	Decision Maker
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. If this is a Final Map Clearance Request:

Is a Development Plan (DP/DVP) associated with the map? Y N If so,

List DP/DVP # and date of final approval above. Clearance cannot be issued if DP/DVP is only preliminary.

IV. FOR SUBSTANTIAL CONFORMITY DETERMINATIONS

- A. List total coverage for all structures currently approved: _____ sq. ft.
- B. List proposed coverage for all structures _____ sq. ft. _____ % increase.
- C. List total coverage for all development currently approved (includes paved areas. ____ sq. ft.
- D. List coverage for all development _____ sq. ft. _____ % increase.

V. 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.

Signature	Print Name	Firm	Date
Print name and sign - Preparer of this form			Date
Print name and sign - Applicant			Date
Print name and sign - Agent			Date
Print name and sign - Landowner			Date