



City of Hemet

PLANNING DIVISION
445 E. Florida Avenue, Hemet, CA 92543
(951) 765-2375
www.cityofhemet.org

Application No.:	_____
Date Received:	_____
Received By:	_____
Planner Assigned:	_____
Concurrent Projects:	_____

PLANNING APPLICATION

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Adjustment | <input type="checkbox"/> Administrative Use Permit | <input type="checkbox"/> Annexation |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Development Agreement / Amendment |
| <input type="checkbox"/> Downtown Project Review | <input type="checkbox"/> Extension of Time (for: _____) | <input type="checkbox"/> General Plan Amendment |
| <input type="checkbox"/> Planned Unit Development | <input type="checkbox"/> Pre-Application Review | <input type="checkbox"/> Sign Program / Amendment |
| <input type="checkbox"/> Site Development Review | <input type="checkbox"/> Specific Plan | <input type="checkbox"/> Specific Plan Amendment |
| <input type="checkbox"/> Tentative Parcel Map | <input type="checkbox"/> Tentative Tract Map | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Zone Change - Map | <input type="checkbox"/> Zoning Ordinance Amendment | <input type="checkbox"/> Other _____ |

Project Description

General Description of Proposed Project: _____

Has this project received Pre-Application Review Comments? Yes No PR No. _____
Other Related Cases: _____

Property Information

Project Address or Location: _____
Assessor Parcel Number(s): _____
Total Site Acreage: _____
Current Land Use: _____ Proposed Lane Use: _____
Current Zoning: _____ Proposed Zoning: _____
Current General Plan: _____ Proposed General Plan: _____

Contact Information

Applicant Information –The applicant is the designated contact to receive materials from the City.

Applicant Name: _____
Applicant Address: _____
Contact Name: _____
Phone Number: _____ Email: _____
Applicant's Interest in Property: Own Rent Other: _____

Owner Information (Consent Affidavit required if Applicant is not the Property Owner)

Owner Name: _____

Owner Address: _____

Contact Name: _____

Phone Number: _____ Email: _____

Architect Information

Architect Name: _____

Architect Address: _____

Contact Name: _____

Phone Number: _____ Email: _____

Engineer Information

Engineer Name: _____

Engineer Address: _____

Contact Name: _____

Phone Number: _____ Email: _____

Notifications

1. Appointments are recommended for submittals. Call the Case Planner or 951-765-2375 for scheduling.
2. Applications will be initiated within 24 hours of submittal. Applications submitted after noon on Thursday will be initiated the next City Hall business day.
3. Acceptance of the application at the counter **does not** represent a complete application. Government Code Section 65943 provides 30 days in which the City can review the application and determine completeness. The applicant will be sent a letter during this time period with either a statement of completeness or a list of additional items that are necessary to complete the application.
4. If projects include a legislative item required to be heard by the City Council, all other concurrent applications for the project will also be heard by the City Council.

Authorizations

Print Applicant Name _____

Applicant Signature _____ Date _____

Attachments

1. Property Owner Consent Affidavit (Not required for Pre-Application Review applications).



City of Hemet

**Property Owner
Consent
Affidavit**

445 E. FLORIDA AVENUE, HEMET, CA 92543 (951) 765-2375

****THIS FORM MUST BE NOTARIZED****

PROJECT NO(s). _____

STATE OF CALIFORNIA)
COUNTY OF RIVERSIDE) SS DATE:
CITY OF HEMET)

I/We, _____, _____, the **OWNER(s)** of the Real Property involved in this application, do hereby consent to the filing of this application. I/We do hereby appoint the following person(s) as my agent(s) to act on my behalf on the foregoing application:

AGENT: _____ Phone No: (____) _____
(Printed Name of Agent)

Address of Agent: _____
(Number) (Street) (City) (State) (Zip)

OWNER: _____ **OWNER:** _____
(Signature) (Signature)

Address: _____ **Address:** _____
(Number) (Street) (Number) (Street)
(City) (State) (Zip) (City) (State) (Zip)

NOTE: A NOTARIZED OWNER'S AFFIDAVIT IS REQUIRED AS PART OF ALL APPLICATIONS. IF OWNERSHIP IS HELD OTHER THAN BY AN INDIVIDUAL, PROOF, IN THE FORM OF A SPECIAL POWER OF ATTORNEY, AUTHORIZED CORPORATE RESOLUTION, PARTNERSHIP AGREEMENT OR OTHER ACCEPTABLE DOCUMENT(S) SHALL BE SUBMITTED TO THE CITY ALONG WITH THE NOTARIZED SIGNATURES OF THOSE OFFICERS AUTHORIZED TO SIGN ON BEHALF OF CORPORATION OR PARTNERSHIP. PLEASE NOTE THAT YOUR APPLICATION MAY NOT BE DETERMINED TO BE COMPLETE UNLESS AND UNTIL OWNERSHIP CAN BE VERIFIED.

FOR OFFICIAL USE ONLY

STATE OF _____)
COUNTY OF _____)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Subscribed and sworn to (or affirmed) before me this _____ day of _____ 20 _____

BY _____, BY _____
(Printed Name of Owner As Signed Above) (Printed Name of Owner As Signed Above)

Proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

NOTARY PUBLIC SEAL



City of Hemet

Property Owner Mailing List Affidavit

445 E. FLORIDA AVENUE, HEMET, CA 92543 (951) 765-2375

(THIS FORM MUST BE NOTARIZED)

PROJECT NO(s). _____

STATE OF CALIFORNIA)
COUNTY OF RIVERSIDE)
CITY OF HEMET)

SS

DATE: _____

I, _____, certify that on _____, the attached property owners list was prepared by _____ pursuant to application requirements furnished by the City of Hemet Planning Department. Said list is a complete and true compilation of owner(s) of the subject property and all other property owners within 500 feet of the property involved in the application and is based upon the latest equalized assessment rolls. I further certify that the information may be grounds for rejection or denial of the application.

Owner/Authorized Agent _____
(Signature)

Owner/Authorized Agent _____ Phone No.: (____) _____
(Printed Name)

Address: _____
(Number) (Street) (City) (State) (Zip)

FOR NOTARY PUBLIC USE ONLY

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20 _____

BY _____
(Printed Name of Owner As Signed Above)

BY _____
(Printed Name of Owner As Signed Above)

NOTARY PUBLIC SEAL



City of Hemet

Environmental Assessment

445 E. FLORIDA AVENUE, HEMET, CA 92543 (951) 765-2375

DATE FILED: _____, 20____

PROJECT NO: _____

General Information

List the applicant's name and address: _____

1. List the site address and/or assessor parcel number(s): _____

2. Describe the project: _____

Land Development Information

3. Current zoning: _____ Proposed zoning: _____

4. Current General Plan designation: _____ Proposed General Plan designation: _____

5. Describe any building(s) currently on the site and for what the site is being used: _____

6. Describe the area surrounding the property and any unique topographic features on the site (i.e. agricultural lands, drainage areas, slopes, plants, wildlife, etc.). Attach a copy of the RCIP Habitat Assessment Report for each APN # included in project site: _____

7. Describe the type and number of equipment to be used on the site, both during construction and as part of the operation of the proposed use: _____

8. Please fill in the appropriate blanks that apply to your project.

Residential

Commercial

Industrial

No. of units: _____

Building size (sf): _____

Building size (sf): _____

Sales range: _____

No. of employees: _____

No. of employees: _____

Rental range: _____

Hours of operation: _____

Hours of operation: _____

Days open: _____

Days open: _____

Please indicate, by checking "yes" or "no" if the following items apply to your project. For each item checked with a "yes" please explain why and how it applies, use additional sheets as necessary. Additional information may be requested at the time of submittal of your application. Please feel free to the Planning Department should you have any questions.

9. Will the project alter the existing feature of any lake shore, creek, river, or stream, or alter the ground to eliminate major topographic features. Yes ____ No ____ If yes, please explain.

10. Will the project change existing scenic views or vistas from existing residential areas or public lands or roads. Yes ____ No ____ If yes, please explain.

11. Will the project change the pattern, scale, or character of the area around the project. Yes ____ No ____
If yes, please explain.

12. Will the project generate significant numbers of school age children. Yes ____ No ____ If yes, please explain.

13. Will the project generate large amounts of solid waste or litter beyond what would be normally expected. Yes ____ No ____ If yes, please explain.

14. Will the project generate large amounts of dust, ash, smoke, fumes, or odors in the area. Yes ____ No ____ If yes, please explain.

15. Is the project expected to retain drainage waters on-site, or alter the existing drainage patterns. Yes ____ No ____ If yes, please explain.

16. Will the project generate unexpected or unanticipated noise when complete, which would be considered to be above and beyond the existing (ambient) noise in the area. Yes ____ No ____ If yes, please explain.

17. Will the project use and/or dispose of potentially hazardous materials, such as toxic substances, flammables, or explosives. Yes ____ No ____ If yes, please explain.

18. Will the project cause an increase, beyond what would normally be expected, in demand for municipal services such as police, fire, water, sewage, etc. Yes ____ No ____ If yes, please explain.

19. Will the project cause an increase, beyond what would normally be expected in fossil fuel consumption. Yes ____ No ____ If yes, please explain.

Certification

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial environmental assessment, to the best of my knowledge and belief.

Date: _____

Signature: _____