



City of Del Mar
 Department of Planning and Community Development
 1050 Camino del Mar
 Del Mar, CA 92014

Phone: 858-755-9313 Fax: 858-755-2794
 Counter Hours: M&W 1:00 pm – 5:30 pm
 Email: planning@delmar.ca.us
 Website: www.delmar.ca.us

UNIFORM DEVELOPMENT APPLICATION

PROPERTY INFORMATION:

Property Address: _____
 Assessor Parcel No. (APN): _____
 Zoning: _____ Overlay Zone(s): _____
 Work proposed in the public right-of-way: No Yes, note location: _____

OWNER / APPLICANT:

Name(s): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

AUTHORIZED REPRESENTATIVE: (LETTER OF AUTHORIZATION REQUIRED)

Name: _____
 Type: Architect/Designer Contractor Consultant Engineer Other:
 Del Mar Business License No.: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

PROJECT DESCRIPTION (BRIEF):

PERMITS, ACTIONS AND FEES TO BE PREPARED BY STAFF ONLY:

<u>Permits:</u>	<u>Fee</u>	<u>Actions:</u>	<u>Fee</u>
<input type="checkbox"/> ADR Administrative Design Review	_____	<input type="checkbox"/> ADU Accessory Dwelling Unit	_____
<input type="checkbox"/> Minor <input type="checkbox"/> Major		<input type="checkbox"/> COC Certificate of Compliance only	_____
<input type="checkbox"/> ASR Administrative Sign Review	_____	<input type="checkbox"/> CPP Citizens' Participation Program	_____
<input type="checkbox"/> BA Boundary Adjustment with COC	_____	<input type="checkbox"/> D Zoning Determination of Allowable Use	_____
<input type="checkbox"/> BAN Banner Permit	_____	<input type="checkbox"/> DA Development Agreement	_____
<input type="checkbox"/> BP Charitable Bingo Game Permit	_____	<input type="checkbox"/> DA <input type="checkbox"/> Amendment	
<input type="checkbox"/> CDP Coastal Development Permit	_____	<input type="checkbox"/> DSC Determination of Substantial Conformance	_____
<input type="checkbox"/> CUP Conditional Use Permit	_____	<input type="checkbox"/> EA Environmental Assessment	_____
<input type="checkbox"/> CUP <input type="checkbox"/> Modification		<input type="checkbox"/> Initial Study <input type="checkbox"/> EIR	
<input type="checkbox"/> DP Demo Permit	_____	<input type="checkbox"/> GPA General Plan Amendment	_____
<input type="checkbox"/> DRB Design Review Permit	_____	<input type="checkbox"/> HZ Horizontal Zoning Relief	_____
<input type="checkbox"/> < 500 sf <input type="checkbox"/> > 500 sf		<input type="checkbox"/> I Zoning Code Interpretation	_____
<input type="checkbox"/> Misc: _____		<input type="checkbox"/> ILPF In-Lieu Parking Fee Program	_____
<input type="checkbox"/> DRB-S Design Review Sign Permit	_____	<input type="checkbox"/> LCPA Local Coastal Program Amendment	_____
<input type="checkbox"/> EP Encroachment Permit	_____	<input type="checkbox"/> OPP Off-Hours Public Parking	_____
<input type="checkbox"/> Short-term <input type="checkbox"/> Long-term		<input type="checkbox"/> PLZ Plaza Tenant Improvement Review	_____
<input type="checkbox"/> ESP Emergency Shelter Permit	_____	<input type="checkbox"/> SP Specific Plan	_____
<input type="checkbox"/> FDP Floodplain Development Permit	_____	<input type="checkbox"/> SP <input type="checkbox"/> Amendment	
<input type="checkbox"/> Without hardship relief		<input type="checkbox"/> SV Street Vacation	_____
<input type="checkbox"/> With hardship relief		<input type="checkbox"/> TPM Tentative Parcel Map	_____
<input type="checkbox"/> IB Emergency Beach Barrier	_____	<input type="checkbox"/> ≤ 4 New Lots <input type="checkbox"/> Condo Conversion	
<input type="checkbox"/> LC Land Conservation Permit	_____	<input type="checkbox"/> TTM Tentative Tract Map	_____
<input type="checkbox"/> LC <input type="checkbox"/> Administrative		<input type="checkbox"/> ≥ 5 New Lots <input type="checkbox"/> Condo Conversion	
<input type="checkbox"/> MV Mobile Vending Operations Permit	_____	<input type="checkbox"/> TVS Trees, Scenic Views and Sunlight	_____
<input type="checkbox"/> NOI Notice of Intent	_____	<input type="checkbox"/> V Variance	_____
<input type="checkbox"/> NRP News Rack Permit	_____	<input type="checkbox"/> ZA Zoning Code Amendment	_____
<input type="checkbox"/> P Parking Permit	_____	<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Off-site <input type="checkbox"/> Shared			
<input type="checkbox"/> RDP Redevelopment Permit	_____	Related Fees:	
<input type="checkbox"/> SEC Sign Encroachment Permit	_____	<input type="checkbox"/> Community (General) Plan/Zoning Update	_____
<input type="checkbox"/> SCP Sidewalk Café Permit	_____	<input type="checkbox"/> Public Notice	_____
<input type="checkbox"/> SPP Shoreline Protection Permit	_____	<input type="checkbox"/> Engineering Review Fees	_____
<input type="checkbox"/> SSP Seawall Setback Permit	_____		
<input type="checkbox"/> TRP Tree Removal Permit	_____	TOTAL FEES DUE:	
<input type="checkbox"/> TUP Temporary Use Permit	_____		
		\$ _____	

Primary File No.: _____

Additional File Nos.: _____

PLANNING DEPARTMENT – UNIFORM DEVELOPMENT APPLICATION
PAGE 2 OF 2

1) Is development proposed on a vacant parcel? No Yes

2) How many dwellings are currently on the parcel? _____

3) Will the proposed project result in NEW or a CHANGE to the following:

Site floor area ratio (FAR):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fencing / walls:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Roof structures:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grading (outside footprint):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exterior walls:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Foundation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of the site / structure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hardscape / paving:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4) Will the proposed project result in NEW or REHABILITATED landscaping:

New Landscaping:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Landscaped Area: _____ S.F.
Rehabilitated Landscaping:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Landscaped Area: _____ S.F.
Existing to Remain Untouched:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Landscaped Area: _____ S.F.

5) Based on the information provided above, please provide a detailed project description and explain the scope of the entire project, including the type of use and structure(s) proposed, number of stories, building materials, grading, fencing and/or hardscape improvements (attach additional sheets if necessary).

6) Is the parcel involved in any current code enforcement cases?

No Yes, describe violation: _____

7) To the best of your knowledge, answer the following supplemental questions (staff can assist if needed):

Is the parcel located within the appeal jurisdiction of the California Coastal Commission?

No Yes

Is the parcel located in/adjacent to a wetland, floodplain, beach, wildland urban area, or other sensitive area?

No Yes, describe location: _____

Does the project involve maintaining any existing structural or use non-conformities on the site such as setbacks, multiple accessory structures, floor area, insufficient parking, etc.? If so, please describe:

PROPERTY OWNER AND AUTHORIZED REPRESENTATIVE CERTIFICATIONS

I certify that I am presently the legal owner of the above-described property. I, the undersigned owner (and, when applicable, the authorized agent acting on behalf of the owner) of the property herein described, hereby make application for approval of the plans submitted and made a part of this application in accordance with the provisions of the City of Del Mar ordinances. I understand that during review of the project, additional permits and/or actions may be required. I hereby certify that the information given is true and correct to the best of my knowledge and belief.

I understand that the requested approval is for my benefit (or that of my principal). Therefore, if the City of Del Mar grants the approval, with or without conditions, and that action is challenged by a third party, I will be responsible for defending against this challenge. I, therefore, agree to accept this responsibility for defense at the request of the City and also agree to defend, indemnify and hold the City of Del Mar harmless from any costs, claims or liabilities arising from the approval, including, without limitation, any award of attorney’s fees that might result from the third party challenge.

I acknowledge that plan sets may be reproduced and distributed to City representatives and members of the public for project review purposes only.

I grant permission to the City to conduct site visits necessary to investigate the proposed project.

PROPERTY OWNER SIGNATURE PROPERTY OWNER NAME (PRINT) DATE

REPRESENTATIVE SIGNATURE REPRESENTATIVE NAME (PRINT) DATE



City of Del Mar Planning Department Submittal Checklist

TUP – TEMPORARY USE PERMIT

Application(s) must be submitted at least twenty (20) working days prior to proposed dates of work

TUP ____ - _____ Project Address: _____

Related Permits/Actions: _____ Owner (Last Name): _____

The following list of documents and items noted below are typically required as part of an application for a Temporary Use Permit. **Planning Department staff can assist you in determining which items will be required for your submittal.** A pre-application conference is highly recommended. Call (858) 755-9313 to schedule an appointment with planning staff.

Submittal Requirements

1. Uniform Development Application Form – *owner and agent signatures*
2. Project Questionnaire (attached to this checklist) – *owner or agent signature*
3. Application Fees
4. Letter of Authorization – *owner signature only*
An agent acting on behalf of a property owner(s) shall present a written authorization signed by the property owner(s); a buyer in escrow shall present a written authorization signed by the owner-seller; a lessee shall provide the property owner(s) written approval.
5. Site Plan
Site Plans are required to show the property and location where the temporary use will occur.
6. Site Photographs and Photo Key Map
Photos of the project site and adjacent properties.
7. Parking & Traffic Control Plan (if applicable)
Identify how the anticipated guests and vendors will be accommodated without creating undue burden on surrounding properties and public right-of-way. Include a plan for pedestrian and bicycle mobility, as well as vehicular access.
8. Evidence of Liability Insurance
Prior to the issuance of permits, the Permittee shall provide the City with a certificate of insurance showing that the applicant is covered by general liability insurance for personal injury (including death) and property damage.

TUP PROJECT QUESTIONNAIRE

Temporary Use Operations Details			
Date(s) Proposed for Temporary use:		List of dates in which activity may differ from proposed dates for TUP:	
Hours of Operation:		Estimated number of participants:	

Please indicate the type of temporary use:		
<input type="checkbox"/> Construction Parking/Material Storage related to development	<input type="checkbox"/> Holiday/Seasonal Activities	<input type="checkbox"/> Other
If other, please describe what the temporary use will be in the detailed project description below.		

Please indicate the number of required off-street parking spaces, if any, required for the event:		
<input type="checkbox"/> None	<input type="checkbox"/> 10 or fewer	<input type="checkbox"/> 11 or more
If off-street parking will be required, please demonstrate on a parking plan how it will be provided.		

Will there be any site improvements (permanent or temporary) for the temporary use?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a site plan and indicate whether the improvements will be permanent or temporary.	

Will there be any outdoor lighting for the temporary use?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please attach associated plans and specification sheets for all proposed lighting fixtures.	

Will the temporary use include live music, a DJ, or amplified sound system?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide details, including how the City's Noise Ordinance (Del Mar Municipal Code Section 9.20) will be met and hours of operation for proposed sound.	

Is temporary signage/advertising proposed?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, an Administrative Sign Review Permit may also be required. Please attach an example with dimensions and proposed location of signage.	

Will there be private security personnel for the temporary use?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the details of any arrangements for private security personnel.	

Will alcoholic beverages be served in conjunction with the temporary use?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, demonstrate the appropriate license was obtained from the California Department of Alcohol and Beverage Control.	

Will there be any temporary food vendors?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, demonstrate the appropriate food permits have been obtained from the County of San Diego. Provide contact information and business license information for all vendors below.	

List of Vendors (If more space is needed, please provide a separate sheet and attach to this checklist.)
--

1. Name: _____
- Business License Number: _____
- Contact Information: _____

2. Name: _____

Business License Number: _____

Contact Information: _____

Will the temporary use involve any encroachment into the public right-of-way?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, an Encroachment Permit is also required.	

Will the temporary use generate additional demand for on-site waste and recycling facilities?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide a plan for waste management and recycling.	

** PLEASE PROVIDE ALL DETAILS IN THE PROJECT DESCRIPTION BELOW**

DETAILED PROJECT DESCRIPTION:
<i>If more space is needed, provide a separate sheet and attach to this checklist.</i>

Owner or Owner's Agent Certification

The permittee/owner shall defend (with attorneys approved by the City), indemnify and hold harmless the City of Del Mar, its agents, officers, and employees from any claims, damages, action, or proceeding against the City or its agents, officers, or employees to attack, set aside, void, or annul an approval of the City, its advisory agencies, appeal boards, or legislative body concerning this approval or permit. The City will promptly notify the permittee/owner of any such claim, action, or proceeding against the City and will cooperate fully in the defense.

I certify that the attached application contains the items required. I understand that additional information may be needed to process my application and if any of the items are missing or found deficient, the application will be deemed incomplete, may be rejected, or may constitute grounds for revocation of any permit issued.

Signature (Owner or Owner's Agent)

Date

Print Name



City of Del Mar



DEL MAR

LETTER OF AUTHORIZATION TO SUBMIT A PROJECT

_____ is authorized by me/us, as
Owner's Representative - Print Name
 the owner(s) of the property located at _____, to
 submit an application to and obtain permits from the City of Del Mar Planning and Community
 Development Department and to act on my/our behalf to process that application. This
 authorization will be valid until revoked by me/us in writing.

Dated: _____

Property Owner Signature

Property Owner Name*

Dated: _____

Property Owner Signature

Property Owner Name

* If the property is under ownership by a Company, Trust, or Limited Liability Corporation (LLC), attach the authorizing document(s) listing the individual(s) authorized to sign on behalf of that entity.