



Modification of Conditions

Modification of Conditions - After final action has been taken by the County on a project, an applicant may request that conditions be deleted or revised. Requests for modifications are heard by the original decision maker. This process does not apply to Development Plans or Conditional Use Permits (see those application forms).

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](#)

South County Office
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 MODIFICATIONS OF CONDITIONS

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?¹ Yes No

If yes, which city? _____

___ 1 Copy of Application

___ 1 Copy of approved site plan/map

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

___ 1 Copy of approved site plan reduced to 8½" x 11" (MOD, TEX)

___ 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.

NOTE: 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.

¹ If additional information is needed regarding location of a City's Sphere of Influence, please contact our zoning information counter.



**PLANNING & DEVELOPMENT
PERMIT APPLICATION**

PROJECT DATA

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? _____

IS THIS APPLICATION (POTENTIALLY) RELATED TO CANNABIS ACTIVITIES? No Yes

PROJECT DESCRIPTION SUMMARY: _____

1. **Financially Responsible Person:** _____ Phone: _____
(for this project)

Mailing Address: _____
Street City State ZIP

2. **Owner:** _____ Phone: _____ FAX: _____

Mailing Address: _____ E-mail: _____
Street City State Zip

3. **Agent:** _____ Phone: _____ FAX: _____

Mailing Address: _____ E-mail: _____
Street City State Zip

4. **Arch./Designer:** _____ Phone: _____ FAX: _____

Mailing Address: _____ State/Reg Lic# _____
Street City State ZIP

5. **Engineer/Surveyor:** _____ Phone: _____ FAX: _____

Mailing Address: _____ State/Reg Lic# _____
Street City State ZIP

6. **Contractor:** _____ Phone: _____ FAX: _____

Mailing Address: _____ State/Reg Lic# _____
Street City State ZIP

7. **Soils Lab:** _____ Phone: _____ Reg. _____

Mailing Address: _____ State/Reg Lic# _____
Street City State ZIP

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: _____

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

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