



COUNTY OF SANTA BARBARA

Planning and Development

www.sbcountyplanning.org

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

North County Office

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

P&D Website: www.countyofsb.org/plndev/

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? no yes numbers: _____

(include permit# & lot # if tract)

Is this application (potentially) related to cannabis activities? no yes

Did you have a pre-application? no yes if yes, who was the planner? _____

Are there previous environmental (CEQA) documents? no yes numbers: _____

Project description summary: _____

1. **Financially Responsible Person** _____ Phone: _____ FAX: _____

(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

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 _____

