



Time Extension

A Time Extensions may be requested for certain approved and/or issued planning permits, lot line adjustments and tentative maps.

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

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

SUBMITTAL REQUIREMENTS FOR TIME EXTENSIONS

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 for discretionary applications only

___ 1 Copy of approved site plan reduced to 8½" x 11"

___ 1 Copy of the final action letter including conditions of approval for the original project approval

___ 1 Agreement to Pay Form (if required) - [Click to download Agreement to Pay form](#)

___ 1 Check payable to the Planning and Development Department

___ 1 Indemnification Agreement

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

SITE ADDRESS: _____

ASSESSOR PARCEL NUMBER: _____

PARCEL SIZE (acres/sq.ft.): Gross _____ Net _____

COMPREHENSIVE/COASTAL PLAN DESIGNATION: _____ ZONING: _____

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: _____

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

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 _____

I. PROJECT CASE NUMBER: Please use the space below to list the project case number(s) for which the time extension is requested.

II. 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 project case number for which the time extension reason for time extension. If the reason for the time extension is due to economic hardship considerations, please explain the basis for the economic hardship. Attach additional sheets if necessary.

III. 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 - Preparer of this form	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
---------------------------------	------