**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]

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**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/](http://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:**

Street City State Zip

**3. Agent:**

__________________________ Phone: ____________________ FAX: ___________

**Mailing Address:**

Street City State Zip

**4. Arch./Designer:**

__________________________ Phone: ____________________ State/Reg Lic#

**Mailing Address:**

Street City State Zip

**5. Engineer/Surveyor:**

__________________________ Phone: ____________________ State/Reg Lic#

**Mailing Address:**

Street City State Zip

**6. Contractor:**

__________________________ Phone: ____________________ State/Reg Lic#

**Mailing Address:**

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

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**COUNTY USE ONLY**

**Case Number:**

________________________________________

**Companion Case Number:**

________________________________________

**Supervisory District:**

________________________________________

**Submittal Date:**

________________________________________

**Applicable Zoning Ordinance:**

________________________________________

**Receipt Number:**

________________________________________

**Project Planner:**

________________________________________

**Accepted for Processing**

________________________________________

**Zoning Designation:**

________________________________________

**Comp.Plan Designation**

________________________________________

Updated by KJ 050119
PLANNER CONSULTATION APPLICATION

Planners may be consulted when you have numerous or complex questions, yet you have not yet developed your idea enough to apply for a pre-application meeting. Please be advised that staff can predict neither the outcome of project review nor the decision-maker action.

What question(s) would you like answered during this consultation? (Attach additional sheets if necessary)