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/](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? □ 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.

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

Updated by SCI 050219
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.

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Updated by SCI 050219