



COUNTY OF SANTA BARBARA

Planning and Development

[www.countyofsb.org/plndev](http://www.countyofsb.org/plndev)

# GOVERNMENT CODE CONSISTENCY

**GOVERNMENT CODE CONSISTENCY(GOV) (§65402 Determination)- For any County with an adopted General Plan, the acquiring and disposal of property, the abandonment of streets, and the construction of building and structures requires a Planning and Development report on the conformity of the action with applicable sections of the adopted General Plan.**

## THIS PACKAGE CONTAINS \_\_\_\_\_

- ✓ APPLICATION
- ✓ ANY ENVIRONMENTAL ANALYSIS WHICH HAS BEEN COMPLETED
- ✓ A DETAILED PROJECT DESCRIPTION
- ✓ CHECK PAYABLE TO PLANNING & DEVELOPMENT

## AND, IF ✓'D, ALSO CONTAINS \_\_\_\_\_

- AGREEMENT TO PAY PROCESSING FEES**

[Click to download Agreement to Pay form](#)

- SITE PLAN FOR PROPOSED DEVELOPMENT**

[Click to download Site Plan/Topographic Map Requirements form](#)

<b>South County Office</b> 123 E. Anapamu Street Santa Barbara, CA 93101 Phone: (805) 568-2000 Fax: (805) 568-2030	<b>North County Office</b> 624 W. Foster Road, Suite C Santa Maria, CA 93455 Phone: (805) 934-6250 Fax: (805) 934-6258
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**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)

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

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**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 \_\_\_\_\_