City of Del Mar
Department of Planning and Community Development
1050 Camino del Mar
Del Mar, CA 92014

Phone: 858-755-9313 Fax: 858-755-2794
Hours: M-TH 1:00 pm – 5:30 pm
FRI 1:00 pm – 4:30 pm
www.delmar.ca.us

CDP - _____ - _____

Submittal Date: _____ Planner: _____

Fees: PL: _____ ENG: _____ GPF: _____ Noticing: _____

Receipt No.: _____ Related Projects: _____

Coastal Development Permit Application

APPLICATION:	
Project Address:	
Assessor's Parcel No(s).	
Zoning:	Overlay Zone
General Plan Designation:	
Does project involve work within the public right-of-way: ☐ yes ☐ no	
APPLICANT:	
Applicant(s):	
☐ Owner ☐ Owner's Agent ☐ Contractor ☐ Licensed Architect ☐ Licensed Engineer ☐ Other: Business License No.:	
Mailing Address:	
City / State:	Zip:
Phone No(s):	
Email:	
Signature(s):	
OWNER (if not primary applicant listed above):	
Owner**:**	
Mailing Address:	
City / State:	Zip:
Phone No(s):	
Email:	
Signature(s) (authorizing applicant to submit application)**:**	
APPLICANT'S REPRESENTATIVE (if applicable):	
Applicant's Representative:	
Mailing Address:	
City / State:	Zip:
Phone No(s):	
Email:	
Signature:	
AUTHORIZATION (plan set copies):	
I acknowledge that plan sets may be reproduced and distributed to City representatives and members of the public for project review purposes only. Signature:	