



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

DRB - _____ - _____
 Submittal Date: _____ Planner: _____
 Fees: PL: _____ ENG: _____ GPF: _____ Noticing: _____
 Receipt No.: _____ Related Projects: _____

Design Review Board Application

APPLICATION:

Project Address: _____
 Assessor's Parcel No(s): _____
 Zoning: _____ Overlay Zone _____
 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: _____

Date: _____

Application Number(s):

Site Address:

I, the undersigned owner (or authorized agent) of the property herein described, hereby make application for approval of the plans submitted and made a part of this application in accordance with the provisions of the City of Del Mar Ordinances, and I hereby certify that the information given is true and correct to the best of my knowledge and belief.

I understand that the requested approval is for my benefit (or that of my principal). Therefore, if the City of Del Mar grants the approval, with or without conditions, and that action is challenged by a third party, I will be responsible for defending against this challenge. I therefore agree to accept this responsibility for defense at the request of the City and also agree to defend, indemnify and hold the City of Del Mar harmless from any costs, claims or liabilities arising from the approval, including, without limitation, any award of attorney's fees that might result from the third party challenge.

Signature: _____ Date: _____
(if other than owner, must have letter from owner)

Signature: _____ Date: _____
(if other than owner, must have letter from owner)

BRIEF DESCRIPTION OF PROJECT

(Include type of use and structure(s) proposed, number of stories, building materials, grading, fencing and/or hardscape improvements)

PROJECT DETAILS:

Lot Size:			
Lot Area (net):			
Lot Coverage:		Proposed Building Height:	
Existing % of Lot Area:		Height Above Average Adjoining Grade:	
Proposed % of Lot Area:		Height Above Lower of Existing or Finished Adjoining Grade:	

Floor Area/Floor Area Ratio:

Existing:		square feet / % of Lot Area:	
New:		square feet / % of Lot Area:	
Total:		square feet / % of Lot Area:	

Basement Area:

Total Basement Area (sq. ft.):	
Portion of Total Basement Area:	
Proposed for Exclusion from:	
Floor Area Ratio (FAR) Calculation (sq. ft.):	

Parking:

Total Parking Spaces Required:	
Garage Parking Provided:	
Total Parking Spaces Provided:	

Building Setbacks:

<u>Required (ft):</u>		<u>Proposed (ft):</u>	
Front:		Front:	
Rear:		Rear:	
Side:		Side:	
Side:		Side:	

Engineering Data Questioner for DRB / LC / TPM Applications
 (To be filled out by applicant or applicant's representative)

Impervious surfaces in square feet (total excluding area of roof(s), pool(s) or spa(s)).	
Existing (sq. ft.):	
Proposed (sq. ft.):	
Net Change (sq. ft.)	
	Increase / Decrease

Excavation (Cut and Fill)	
Volume in cubic yards	Max depth in feet
Cut	
Fill	

Roof surface area in square feet	
Existing	
Proposed	
Net Change	
	Increase / Decrease

Modified Vehicular Access (driveways)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Proposed subterranean improvements greater than two-feet in depth within five-feet of property line (basements, footings, pools, spas, etc)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Proposed improvements within ten-feet measured from the top of an existing bluff top or top of slope	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Proposed impact of existing drainage courses (redirecting, blocking, etc)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Known geological or soils issues or sensitivities (sliding, faulting, erosion, etc)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

IS YOUR CONSTRUCTION PROJECT CONSIDERED A "PRIORITY"?

1. Construction site of 50 acres or more in size where grading will occur during the wet season (October 1-April 30)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Construction site of 1 acre or more and tributary to or within 200 feet of the City's Water Quality Sensitive Areas (WQSA)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Is the construction site required to obtain coverage under the State General Construction Permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If any of the previous answers resulted in a "Yes", your project is considered a "Priority Construction Project" and is subject to increased inspections by City staff along with increased construction-phase Best Management Practice (BMP) requirements.

If all of the previous answers resulted in "No", your project is considered a "Non-Priority Construction Project" and is subject only to the minimum construction-phase BMP requirements.



Construction Project Designation: **Priority** **or** **Non-Priority**
 (Check the box that applies)

By signing this form, I acknowledge that I have read and understand the statements above, and take complete responsibility for any pollutants that may be generated and discharged to the City Storm Drain System from the development site described on this form.

 Signature of Property Owner

 Date

For Department Use Only

This form has been reviewed by: _____

Staff determination as a "Priority Development Project": _____

Staff determination as a "Priority Construction Project": _____

Potential Areas of Concern/Issues

- | | |
|--|--|
| <input type="checkbox"/> Soil erosion potential | <input type="checkbox"/> Proximity of receiving water bodies |
| <input type="checkbox"/> Site slope | <input type="checkbox"/> Non-storm water discharges |
| <input type="checkbox"/> Project size and type | <input type="checkbox"/> Past record of non-compliance by the operators of the site |
| <input type="checkbox"/> Sensitivity of receiving water bodies | <input type="checkbox"/> Any other relevant factors (Please note in the section below) |

Staff Notes: _____

Referral to City of Del Mar Clean Water Manager is needed: Yes No