



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

DSC - _____ - _____

Submittal Date: _____ Application Reviewed by: _____

Fees: PL: _____ Receipt No.: _____

Related Project(s): _____

Approved or Denied on _____
 (circle one) (Date)

Determination of Substantial Conformance Request

APPLICATION:

Project Address:

Assessor's Parcel No(s).

Zoning: _____ Overlay Zone

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:

Brief description of the deviation from approved project plans for which a Substantial Conformance Determination is being sought including a description of how the current proposal deviates from the approved plans. Please provide a separate listing for each aspect of the project for which a Request for Determination is being sought. (Attach additional sheets as necessary.)

Describe the purpose or reason for the proposed deviation from approved plans.

Will the proposed project modification involve work within a public right-of-way? Yes No

If Yes describe: