



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

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

Floodplain Development Permit Application

APPLICATION:

Project Address / Location: _____

Assessor's Parcel No(s). _____

Zoning: _____ Overlay Zone _____

General Plan Designation: _____

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 THE PROJECT:

[Empty box for project description]

PROJECT DETAILS:

Lot Size (sq. ft.)		Existing Land Use:	
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Lot Coverage:

Proposed Building Height:

Existing % of Lot Area:		Above Average Grade:	
Proposed % of Lot Area:		Highest Point Above Adjoining Grade:	

Floor Area:

Existing		Sq Ft % of Lot Area	
New		Sq. Ft % of Lot Area	
Total		Sq. Ft. % of Lot Area	

Setbacks:

Required:

Proposed:

Total Basement Area:		Front		Front	
Total Living Area		Rear		Rear	
Total Garage Area		Side		Side	
Total Parking Spaces Provided		Side		Side	
Total Parking Spaces Required		Side		Side	

Finished Floor Elevations:

Minimum Required:	
Proposed:	