



**Town of Ross**  
**Planning Department**  
 Post Office Box 320, Ross, CA 94957  
 Telephone (415) 453-1453, Ext. 121  
 Fax (415) 453-1950 www.townofross.org

## PLANNING APPLICATION FORM

**Type of Application**  
**(check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Accessory Dwelling Unit           | <input type="checkbox"/> Minor Exception Permit     |
| <input type="checkbox"/> Accessory Dwelling Unit Exception | <input type="checkbox"/> Minor Nonconformity Permit |
| <input type="checkbox"/> Appeals                           | <input type="checkbox"/> Nonconformity Permit       |
| <input type="checkbox"/> Certificate of Compliance         | <input type="checkbox"/> Tentative Map              |
| <input type="checkbox"/> Demolition Permit                 | <input type="checkbox"/> Tentative Map Amendment    |
| <input type="checkbox"/> Design Review                     | <input type="checkbox"/> Time Extension             |
| <input type="checkbox"/> Design Review- Amendment          | <input type="checkbox"/> Use Permit                 |
| <input type="checkbox"/> Exceptions for Attics             | <input type="checkbox"/> Variance                   |
| <input type="checkbox"/> Final or Parcel Map               | <input type="checkbox"/> Zoning Ordinance Amendment |
| <input type="checkbox"/> General Plan Amendment            |   |
| <input type="checkbox"/> Hillside Lot Permit               | <input type="checkbox"/> Other: _____               |
| <input type="checkbox"/> Junior Accessory Dwelling Unit    |   |
| <input type="checkbox"/> Lot Line Adjustment               |   |

**To Be Completed by Applicant:**

Assessor's Parcel No(s): \_\_\_\_\_

Project Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner Mailing Address (PO Box in Ross): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Applicant's Phone: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Primary point of Contact Email:     Owner     Buyer     Agent     Architect

**To Be Completed by Town Staff:**

Date Received: \_\_\_\_\_

Application No.: \_\_\_\_\_

Zoning: \_\_\_\_\_

Date paid: \_\_\_\_\_ TOTAL FEES: \_\_\_\_\_

**Make checks payable to Town of Ross. Fees may not be refunded if the application is withdrawn.**

**SUBDIVISION INFORMATION ONLY**

Number of Lots: \_\_\_\_\_

**LOT LINE ADJUSTMENT ONLY**

Describe the Proposed Lot Line Adjustment:

Existing Parcel Size(s)

*Parcel 1:*

*Parcel 2:*

Adjusted Parcel Size(s)

*Parcel 1:*

*Parcel 2:*

**PARCEL ONE**

**PARCEL 2**

Owners Signature:

Owner's Signature:

Date:

Date:

Owner's Name (Please Print):

Owner's Name (Please Print):

Assessor's Parcel Number:

Assessor's Parcel Number:

\* If there are more than two affected property owners, please attach separate letters of authorization.

**REZONING OR TEXT AMENDMENT ONLY**

The applicant wishes to amend Section \_\_\_\_\_ of the Ross Municipal Code Title 18. The applicant wishes to Rezone parcel \_\_\_\_\_ from the \_\_\_\_\_ Zoning District to \_\_\_\_\_.

**GENERAL OR SPECIFIC PLAN AMENDMENT ONLY**

Please describe the proposed amendment:

**CERTIFICATION AND SIGNATURES**

I, the property owner, do hereby authorize the applicant designated herein to act as my representative during the review process by City staff and agencies.

Owner's Signature:

Date:

I, the applicant, do hereby declare under penalty of perjury that the facts and information contained in this application, including any supplemental forms and materials, are true and accurate to the best of my knowledge.

Owner's Signature:

Date:

**SIGNATURE:**

I hereby authorize employees, agents, and/or consultants of the Town of Ross to enter upon the subject property upon reasonable notice, as necessary, to inspect the premises and process this application.

I hereby authorize Town staff to reproduce plans and exhibits as necessary for the processing of this application. I understand that this may include circulating copies of the reduced plans for public inspection. Multiple signatures are required when plans are prepared by multiple professionals.

I further certify that I understand the processing procedures, fees, and application submittal requirements.

*I hereby certify that I have read this application form and that to the best of my knowledge, the information in this application form and all the exhibits are complete and accurate. I understand that any misstatement or omission of the requested information or of any information subsequently requested shall be grounds for rejecting the application, deeming the application incomplete, denying the application, suspending or revoking a permit issued on the basis of these or subsequent representations, or for the seeking of such other and further relief as may seem proper to the Town of Ross. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this application was signed at*

\_\_\_\_\_, California on \_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner(s)      and      Applicant(s)Signature of Plan Preparer

**Notice of Ordinance/Plan Modifications**

- Pursuant to Government Code Section 65945(a), please indicate, by checking this box, if you would like to receive a notice from the Town of any proposal to adopt or amend the General Plan, a specific plan, zoning ordinance, or an ordinance affecting building permits or grading permits, if the Town determines that the proposal is reasonably related to your request for a development permit.

**Alternate Format Information**

*The Town of Ross provides written materials in an alternate format as an accommodation to individuals with disabilities that adversely affect their ability to utilize standard print materials. To request written materials in an alternate format please contact us at (415) 453-1453, extension 105.*

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**Consultant Information**

The following information is required for all project consultants.

**Landscape Architect**

Firm \_\_\_\_\_  
Project Landscape Architect \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Town of Ross Business License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Civil/ Geotechnical Engineer**

Firm \_\_\_\_\_  
Project Engineer \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Town of Ross Business License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Arborist**

Firm \_\_\_\_\_  
Project Arborist \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Town of Ross Business License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Other**

Consultant \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Town of Ross Business License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Other**

Consultant \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Town of Ross Business License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_





**Public Welfare**

That the granting of a variance will not be detrimental to the public welfare or injurious to other property in the neighborhood in which said property is situated. **Describe why the variance will not be harmful to or incompatible with other nearby properties.**

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**Neighborhood Outreach** – *Shall be conducted for all discretionary planning projects.*

**A neighborhood outreach description shall be prepared by the applicant.** The description shall include how neighborhood outreach was conducted, dates neighbors were contacted, any meetings held, the specific concerns of neighbors and how those concerns were mediated (through changes to the proposal, site visits, etc.).

Neighborhood Outreach for (insert project address)				
NAME	ADDRESS	DATE CONTACTED	CONCERNS (IF ANY)	RESOLUTION

