

# CITY OF SAN JUAN CAPISTRANO



**Planning Division**  
 32400 Paseo Adelanto  
 San Juan Capistrano, CA  
 92675  
 (949) 443-6331

## For City Staff Use Only

Plan Check #

Date submitted:

Received By:

Related Project #:

## ZONING COMPLIANCE—PLAN CHECK

Minor construction projects which do not change the use or intensity of a building or site may be approved by the Planning Division at the counter if they comply with applicable zoning requirements. These projects typically include minor alterations to existing buildings; accessory structures; fences and walls; or utility equipment. Larger projects may require discretionary approval prior to submittal for plan check.

### PROPERTY INFORMATION

Address:

APN:

Describe current use and condition of property:

### CONTACT INFORMATION

Property Owner Name:

Applicant Name:

Mailing Address:

Mailing Address:

City, State, Zip:

City, State, Zip:

Phone:

Phone:

Email:

Email:

### PROJECT INFORMATION (Check all that apply)

#### Residential:

- New Residence
- Addition/Remodel
- Secondary Dwelling Unit
- Patio Cover/Accessory Structure
- Landscape Modifications
- Pool, Spa, or Pool Equipment
- Fence, Wall, Retaining wall
- Solar Panels
- Other:

#### Non- Residential:

- Solid Waste Enclosure
- Roof-mounted Equip. or Re-roof
- Commercial Tenant Improvement
- Re-painting
- Landscape Modifications
- Fence, Wall, or Retaining Wall
- Exterior architectural modifications
- New Commercial Structure
- Other:

Describe proposed scope of work:

**APPLICANT SIGNATURES**

The undersigned hereby certifies that all the information in this application is true and correct; that the signatures represent all the property owners of record or authorized agent; and that permission is hereby granted to the City to inspect the property to ensure compliance with this approval and applicable City requirements.

**Property Owner(s)**

Name (Print):	Signature:	Date:
Name (Print):	Signature:	Date:

**Authorized Agent**

Name (Print):	Signature:	Date:
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**Homeowners Association (HOA) Approval**

The undersigned hereby certifies that he/she is the designated representative of the Home Owners Association authorized to ensure consistency of this project with applicable CC&R's; that the project has been reviewed by the HOA; and that the project meets all HOA requirements.

HOA Name:

Designated Representative:

Name (Print):	Signature:	Date:
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**STAFF REVIEW (Staff use only)**

Yes	No	N/A	Property Zoning:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is proposed improvement consistent with General Plan designation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is proposed improvement consistent with Zoning , CDP, or SP standards?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If project site is listed on the City's "Inventory of Historic & Cultural Landmarks" (IHCL), are plans consistent with SPR application approval?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is proposed improvement consistent with any applicable conditions established by prior project approvals? Resolution or Project #: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project meets all code requirements? (If no, explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project approved? Conditions of approval:

<b>Reviewed By:</b>	<b>Signature</b>	<b>Date:</b>
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