

PROJECT OPERATIONAL INFORMATION:

1. Provide an estimate of how many people will work at **and** visit the project each day or will stay overnight at the project site, per use. If school or social care facility, state age and numbers of students/patients and staff.

2. Indicate the days and hours of operation anticipated for each use proposed for the project site.

APPLICANT CERTIFICATION

I/we certify under penalty of perjury that I/we am/are the Applicant for the project and that, to the best of my/our knowledge, the information contained in this application is true and correct.

I/we further agree that if any such information proves false or incorrect, the City of Chino Hills shall be released from any liability incurred if the application is approved.

APPLICANT SIGNATURE(S)

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

PROPERTY OWNER CERTIFICATION

I/we, the undersigned owner(s) or authorized agent for the person/organization owning the land(s) for which this application is made, state that I/we am/are aware that the application is being filed with the City of Chino Hills Community Development Department, and that, to the best of my/our knowledge, the information contained in this application is true and correct. I/we further agree that if any such information proves false or incorrect, the City of Chino Hills shall be, released from any liability incurred if the application is approved.

When signing on behalf of the owner(s) as an "Authorized Agent", attach a notarized copy of the Power of Attorney or a notarized letter of authorization.

PROPERTY OWNER/AUTHORIZED AGENT SIGNATURE(S)

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

APPLICATION CONTINUED ON NEXT PAGE

SUBMITTAL CHECKLIST: (All Items must be included at the time of submittal)
 PLEASE RETURN THIS CHECKLIST WITH APPLICATION PACKET UPON SUBMITTAL. IF MORE SPACE IS NEEDED, USE ATTACHMENTS.

- One (1) Copy:** Minor Use Permit Application, completed, signed and dated by property owner and/or authorized agent.
- One (1) SIGNED copy:** Trust Deposit Account (TDA) Application & Agreement.
- Initial Deposit:** Minor Use Permit Application. Refer to the Community Development Fee/Deposit Schedule for the amount.
- One (1) copy:** Detailed Business Plan or Statement of Operations.
- Eight (8) full size copies (24"x 36"):** Detailed floor plan, site plan, and elevations in color and drawn to a standard scale. *A conceptual plan is not acceptable.*
- One (1) reduced copy (11 x 17):** Detailed floor plan, site plan and elevations.
- One (1) digital copy:** ALL above submittal documents in .PDF format.
- One (1) copy:** Assessor's map showing a 300 foot radius from the project property lines. For automotive uses, please provide a map showing a 500 foot radius.
- One (1) copy:** Receipt for payment of Fire Review fees or letter stating such fees are not applicable. Payment of these fees may be made at the Chino Valley Fire District, located at 14011 City Center Dr., Chino Hills, CA 91709. Please contact the Fire District at (909) 902-5280 regarding Fire Review fees.
- Three (3) sets and One (1) paper copy:** Mailing labels listing names and addresses of surrounding property owners which correspond with the 300 foot or 500 foot radius map. A 500 foot radius required for projects involving automobile maintenance, automobile service stations and car wash.

CERTIFIED SURROUNDING PROPERTY OWNERS MAILING LABELS/LIST DECLARATION

The labels and list are required to provide surrounding property owners notification of the public hearing for the proposed project and is valid for six (6) months. If the original list is more than six (6) months old, a new list must be provided for the public hearing notification.

This list includes all properties: 300 foot radius from project site 500 foot radius from project site*
 Adjacent to project site

* Automobile Maintenance, Automobile Service Stations and Car Wash uses require 500 feet of notification.

EXAMPLE:

Assessor's Parcel Name
Address
City, State, Zip Code

I certify under penalty of perjury that to the best of my knowledge, the enclosed labels contain the name and addresses of all persons to whom surrounding property is assessed as they appear on the latest equalized assessment roll maintained by the County Assessor or Tax Collector.

Print Name: _____ Signature: _____