



Community Development Department
 14000 City Center Dr., Chino Hills, CA 91709
 P: (909) 364-2740
 E: communitydevelopment@chinohills.org

SP No.: _____
 Submittal Date: _____
 Accepted By: _____

NEW SPECIFIC PLAN or AMENDMENT TO EXISTING SPECIFIC PLAN

SPECIFIC PLAN INFORMATION AND PROCEDURES:

1. Applications to prepare or amend a specific plan are reviewed by the Planning Commission for referral to the City Council. The City Council reviews the recommendations made by the Planning Commission on these matters.
2. Once a formal application is submitted, the application will be scheduled for a Project Review Committee (PRC) meeting, where staff from various departments and divisions comment on the proposal, discuss whether the application is complete or incomplete, and identify any corrections that are required on the plans. If the application is deemed incomplete and/or corrections are required, then the applicant shall submit the additional information that is required to make the application complete and provide revised plans. Once the revised plans are submitted, the PRC will review the plans, determine the completeness of the application (if the project was previously deemed incomplete), and identify any outstanding issues on the plans.
3. The length of the review and approval process will vary, depending on the proposed project and its complexity. Staff may be able to provide a rough estimate of processing time when an application is submitted.

APPLICANT INFORMATION

Name: _____ Phone: _____
 Company/Business Name (if applicable): _____
 Address: _____
 E-mail: _____

PROPERTY OWNER/MANAGEMENT INFORMATION (If different than applicant)

Property
 Owner/Management: _____
 Address: _____
 Phone: _____ Email: _____

PROPERTY LOCATION

Business Name: _____
 Address: _____
 Assessor Parcel No.: _____
 Tract: _____ Lot: _____

DETAILED DESCRIPTION OF PROPOSED SPECIFIC PLAN OR AMENDMENT:

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: _____

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: _____

SUBMITTAL CHECKLIST:

ALL ITEMS MUST BE INCLUDED AT THE TIME OF SUBMITTAL

- One (1) signed and dated** copy of the "Trust Deposit Account Procedures/ Agreement" Form.
- One (1) copy** of the receipt of payment of Fire Review Fees or letter stating such fees are not applicable. (Payment of these fees may be accomplished at the Chino Valley Independent Fire District, located at 14011 City Center Dr., Chino Hills, CA 91709. Please contact the Fire District at Phone Number (909) 902-5280 regarding Fire Review Fees.
- Fifteen (15) copies and one (1) pdf copy** of the site plan, drawn to scale to accurately delineate the proposed project or subject property, any improvements, current zoning and General Plan designations, present land use, and special features or landmarks. All other properties adjacent to the subject property shall be shown and shall include the existing land use, zoning, and General Plan designation. *For a New Specific Plan plans shall be 24x36, for an amendment plans may be 11x17.*
- Fifteen (15) hard copies, one (1) digital copy in Word and one (1) pdf copy** of the proposed specific plan, or for an amendment to an adopted specific plan, of the specific plan pages to be amended with mark-ups or attachments indicating the proposed amendment wording and figures.
- Three (3) sets** and **one (1) Xerox copy** of mailing labels listing names and addresses of surrounding property owners which correspond with the 300' or 500' radius map. A 500' radius mailing labels are required for projects involving automobile maintenance, automobile service stations and car wash.



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CERTIFIED SURROUNDING PROPERTY OWNERS LIST DECLARATION

The list is 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

EXAMPLE:

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

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

I certify under penalty of perjury that I am the (check one below) and 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.

- Legal Owner (all names that appear on the Deed must sign their names)
 Owner's Legal Agent

PROJECT SITE APN(s): _____

Owner/Agent Signature(s)

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

Print Name: _____ Signature: _____

If signed by Legal Agent, provide name(s) of property owner(s):

Print Name: _____

Print Name: _____

Print Name: _____