

FLOOR AREA TRANSFER



Belmont Permit Center APPLICATION CHECKLIST

Page 1 of 2

Address/APNs: _____

Date: _____

Project: _____

Please review your project with the Planning Department to determine if any additional items listed below are required.

Required **Submitted**
(by City) (by applicant)

Applications

- | | | |
|-------------------------------------|--------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pre-application Meeting |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application Checklist (this form) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Permit Application |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Supplemental Application |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Certificate of Compliance |

Plans

(Three copies)

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Plans with Cover Sheet showing: <ul style="list-style-type: none">○ All parcels○ Location & Boundaries○ Floor Area Calculations |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Site Plan with: <ul style="list-style-type: none">○ Location of Buildings, Driveways & Grading |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Signed Contractual Agreement |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Program for Conservation Easement Management |

Address/APNs: _____

	<u>Required</u> <small>(by City)</small>	<u>Submitted</u> <small>(by applicant)</small>	
<u>Technical</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Geotechnical report
<u>Information</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Preliminary title report for all properties
	<input type="checkbox"/>	<input type="checkbox"/>	Approved Hillside Road Improvement Plan
	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<u>Fees & Deposits</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Fee
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Environmental Fee
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Geologic Review Fee
	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Applicant's Statement: As applicant for this project, I hereby certify that the materials listed as 'submitted' on this checklist are complete and accurate. If the City of Belmont determines that the materials are incomplete or inaccurate, I understand that the entire application may be deemed withdrawn and the application materials returned to me, with no further processing by the City.

Applicant's Name: _____

Date: _____

Applicant's Signature: _____



Belmont Permit Center

PERMIT APPLICATION

Application Number: _____

Case Type: Administrative

Zoning of Property: _____

<input type="checkbox"/> Design Review	<input type="checkbox"/> Sign Review	<input type="checkbox"/> Tentative Tract Map	<input type="checkbox"/> Certificate of Appropriateness
<input type="checkbox"/> Variance	<input type="checkbox"/> Tentative Parcel Map	<input type="checkbox"/> General Plan Amendment	
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Complex Project	<input type="checkbox"/> Rezoning	
<input type="checkbox"/> Floor Area Exception	<input type="checkbox"/> Grading Permit Approval	<input type="checkbox"/> Geologic Review	
<input type="checkbox"/> Floor Area Transfer	<input type="checkbox"/> Conceptual Development Plan	<input type="checkbox"/> Geo-Hazards Map Amendment	
<input type="checkbox"/> Lot Line Adjustment / COC	<input type="checkbox"/> Detailed Development Plan	<input type="checkbox"/> Subdivision Ordinance Exception	

Other: _____

Project Description (All properties):

Property Description (All properties):

Street Address: _____

Assessors Parcel Number(s): _____

Property Area (sg. ft.): _____

Nearest Cross Street: _____

Applicant Information:

Owner name:	Telephone Number: ()	Fax Number: ()
Owner Mailing Address, <i>if different from Site Address:</i>		
Applicant Name, <i>if different from Property Owner:</i>	Telephone Number: ()	Fax Number: ()
Applicant Mailing Address:		

Submittal Authorization:

Signature of Owner:	Date:
Signature of Applicant, <i>if different from Owner:</i>	Date:



Belmont Permit Center
PERMIT CENTER APPLICATION

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Street Address/APN (Receiving Lot): _____ Application No.: _____

Site Preparation / Grading:

Number of Cubic Yards of Combined Cut and Fill: _____ Cubic Yards **OR** Check if less than 50 Cubic Yards

Depth of any Cut or Fill at Deepest Point: _____ Feet **OR** Check if less than 2 Feet

Surface Area to be Graded or Cleared: _____ Square Feet **OR** Check if less than 2000 Square Feet

Retaining Walls:

The Project Includes New, Rebuilt or Extended Retaining Walls: Yes No

Maximum Height of New, Rebuilt or Extended Retaining Walls: _____ Feet

Floor Area:

Existing Floor Area of All Enclosed Structures: _____ Square Feet

Proposed New Floor Area to be Added: _____ Square Feet

Total Floor Area Resulting from Project: _____ Square Feet

On-site Parking:

Existing Parking / Number of Spaces: _____ Covered _____ Uncovered

Proposed Additional or Lost Parking Spaces: _____ Covered _____ Uncovered

Total Parking Spaces Resulting from Project: _____ Covered _____ Uncovered

Check any of the following items that apply to the Receiving Parcel:

- | | | |
|--|---|--|
| <input type="checkbox"/> Steep Terrain | <input type="checkbox"/> New Driveway / Curbcut | <input type="checkbox"/> Approved Roadway Plan |
| <input type="checkbox"/> Large Trees on Site | <input type="checkbox"/> New Utility Service | <input type="checkbox"/> Geologic Hazards |
| <input type="checkbox"/> Historic Building on Site | <input type="checkbox"/> Construction Dumpster Required | |

FLOOR AREA TRANSFER



**Belmont Permit Center
SUPPLEMENTAL APPLICATION**

Application No.: _____ (Office Use)

Address/APN: _____

Date: _____

Project: _____

Tabulations (Sending Lot):

Area of Entire Site - Acres: _____ Square Feet: _____

Average Per Cent Slope of Entire Site: _____

Tabulations (Receiving Lot):

Area of Entire Site - Acres: _____ Square Feet: _____

Average Per Cent Slope of Entire Site: _____

Special Conditions:

Indicate the most significant or severe flood zone and geologic hazard or hazards found on the project site. (Consult 1982 FEMA Flood Insurance Rate Map and 1988 City of Belmont Geologic Hazard Policy Maps.)

Flood Zone: _____

Geologic Hazards: _____

Findings:

In order to approve a request for Floor Area Transfer, the Director of Planning and Community Development must determine that the project conforms to the Belmont Zoning Ordinance Section 4.7.11 (d) and all building codes. Please indicate how the parcels conform:



PROPERTY OWNER AFFADAVIT

Application No.: _____
(Office Use)

Site Address/APN: _____

Project Description: _____

Property Owner Name: _____

I. OWNERSHIP

I hereby declare that I am the owner of the property involved in this application.

(Owner's Initials)

II. FLOOR AREA AND GRADING

I hereby declare that the information provided on project Floor Area and Grading are accurate to the best of my knowledge and belief. I further acknowledge that revisions to these calculations in the building permit review process may cause the zoning approval granted to the project to be invalid, and that a revised zoning application may be required.

(Owner's Initials)

III. ACCURACY OF INFORMATION

I hereby acknowledge that all statements, responses and information submitted in support of this application are true and correct to the best of my knowledge and belief. I further acknowledge that if it is determined that any information related to the project description, specifications, or dimensions; proposed use; or other aspects of the project is false or inaccurate for any reason, the City of Belmont may deem the application invalid or incomplete, at its own discretion.

(Owner's Initials)

Property Owner's Signature

Date

Nov. 2018