



City of Temple City

MASTER APPLICATION

APPLICATION

ITEMS REQUIRED FOR ALL APPLICATIONS

This checklist will be used by staff to determine if an application contains the appropriate requirements to begin the application process. All items listed below must be included for all applications. Certain types of projects may require additional items, as specified on this checklist and supplemental application forms. If any item(s) identified on this checklist is/are not included with the submittal and full payment has not been tendered, the project will not be accepted for submittal. Issuance of a full payment receipt serves as the "Statement of Application," pursuant to GCS 65940. All applicable fees can be found in the city's most current fee schedule. Prior to submittal, consultation with the Planning Division is required to confirm all necessary submittal items to deem the application materially-complete. This checklist is intended to guide applicants in submitting a complete application. The determination of application completeness will be made in accordance with the Permit Streamlining Act.

- ☐ Fully-executed *Master Application*
- ☐ All applicable filing fees
- ☐ Complete sets of plans:

Plans	Letter Size (8.5" x 11")	Tabloid (11" x 17")	Full Size (24" x 36")	Digital (.dwg & pdf)
Site Plan (Existing and Proposed)				
Floor Plan(s) (Existing and Proposed)				
Roof Plans (Existing and Proposed)				
Elevations (All Sides, Existing and Proposed)				
Landscape Plan (if applicable)				
Demolition Plan (if applicable)				
Photometric Plan (if applicable)				

- ☐ Color & materials samples mounted on an 8½"X11" board
- ☐ Pictures of the site and surrounding area. Pictures may be submitted digitally
- ☐ Grant Deed or Lease Agreement
- ☐ Statement of Compliance (related to hazardous wastes)
- ☐ Supplemental Application (if applicable):
 - ☐ Amendments (General Plan, Zoning Code, Zone Change, Specific Plan)
 - ☐ Development (Site Plan Review & Parking Concession Agreement) Subdivisions (Lot Line/Parcel)
 - ☐ Merger, Tentative Parcel Map, Tentative Tract Map, Tentative Map Revision)
 - ☐ Conditional Uses & Variances (Conditional Use Permit, Conditional Use Permit Modification, Variance)
 - ☐ Signs (Permit, Program, Temporary Banner)
 - ☐ Special Events (Temporary Use Permit & Special Event Permit)

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WWW.TEMPLECITY.US

2025 VERSION

PERMIT REQUESTED (PLEASE CHECK ALL APPLICABLE BOXES)

☐ Conditional Use Permit	☐ Lot Line Adjustment/Parcel Merger	☐ Planning Commission Interpretation
☐ Variance	☐ Time Extension	☐ Sign Program
☐ Major Site Plan Review	☐ Tentative Map Modification	☐ Temporary Use Permit
☐ Minor Site Plan Review	☐ General Plan Amendment	☐ Development Agreement
☐ Minor Variance	☐ Zoning Map Amendment	☐ CEQA Exemption
☐ RPD	☐ Zoning Code Amendment	☐ Zoning Code Amendment
☐ Tentative Tract Map	☐ Pre-Application Review	☐ Other: _____
☐ Tentative Parcel Map	☐ Parking Concession Agreement	☐

PROPERTY INFORMATION

Property Address: _____

Parcel Size (area): _____ Width: _____ Depth: _____

Current Use: _____

DESCRIPTION OF PROJECT (Be as specific as possible, attach sheets if necessary)

OWNER / APPLICANT INFORMATION

Property Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Cell / Other Phone: _____ E-mail: _____

Note: Attach additional lists for multiple property owners. If the property owner or applicant is a trust, partnership, corporation or LLC, on a separate sheet, provide a listing of all persons that make-up the trust, partnership, corporation or LLC

Applicant: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Cell / Other Phone: _____ E-mail: _____
____ Project Architect ____ Project Engineer ____ Other

Applicant's Representative: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Cell / Other Phone: _____ E-mail: _____

Note: Prior to submittal of this application, it is advised that the applicant review the requested proposal with the Planning Division in order to review ordinance requirements and consistency with the General Plan. In completing the application form, please be as accurate and complete as possible.

APPLICANT CERTIFICATION

I hereby certify that the statements furnished in this application and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. In addition, I understand that the filing of this application grants the City of Temple City permission to reproduce submitted materials, including but not limited to, plans, exhibits, and photographs, for distribution to staff, Commission, and City Council Members, and other Agencies in order to process the application, and to make those materials available to the public on the City of Temple City's web site and cable channel, notwithstanding Health & Safety Code § 19851 or any other provision of law. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits and photographs for any purpose unrelated to the City's consideration of this application.

Wet-Signature: _____ Date: _____
Name (*print or type*): _____ Phone: _____

CONSENT BY PROPERTY OWNER

If applicant is other than property owner, owner must sign consenting to filing. Attach additional sheets if necessary. Originals signatures only. Fax copies of owner's signature will not be accepted.

I/We, as the owner(s) of the subject property, consent to the filing of this application. We further consent and hereby authorize City representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any reports and/or required environmental review for the processing of the application(s) being filed. Attach additional sheets if necessary.

_____	_____	_____
Wet-Signature(s)	Name(s) (please print or type)	Date

Note: This application being signed under penalty of perjury and does not require notarization.

FOR OFFICE USE ONLY

Case Number: _____	Receipt Number: _____
Review Date: _____	Approval Date: _____