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:	**Non– Residential:**
☐ New Residence	☐ Solid Waste Enclosure
☐ Addition/Remodel	☐ Roof-mounted Equip. or Re-roof
☐ Secondary Dwelling Unit	☐ Commercial Tenant Improvement
☐ Patio Cover/Accessory Structure	☐ Re-painting
☐ Landscape Modifications	☐ Landscape Modifications
☐ Pool, Spa, or Pool Equipment	☐ Fence, Wall, or Retaining Wall
☐ Fence, Wall, Retaining wall	☐ Exterior architectural modifications
☐ Solar Panels	☐ New Commercial Structure
☐ Other:	☐ 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:

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:

STAFF REVIEW (Staff use only)

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

Reviewed By:	**Signature**	**Date:**