Planning and Development Services Department

209 E. Kern St., Taft, CA 93268
Phone: (661) 763-1222
Email: nstorey@cityoftaft.ca.gov
www.cityoftaft.org

APPLICATION TYPE

(Please check all that apply)

General Plan & Zone Changes

- ☐ General Plan Amendment
- ☐ Specific Plan and Amendments
- ☐ Zone Change or Amendments
- ☐ Other _____

Site Plan Reviews

- ☐ Conditional Use Permit
- ☐ Variance
- ☐ Site Plan Review
- ☐ Temporary Land Use Permit
- ☐ Planned Development
- ☐ Directors Permit
- ☐ Pre-Application Review

Land Divisions

- ☐ Tract Map
- ☐ Revised Tract Map
- ☐ Parcel Map
- ☐ Revised Parcel Map
- ☐ Lot Line Adjustment
- ☐ Parcel Merger
- ☐ Parcel Map Waiver
- ☐ Time Extension

Miscellaneous

- ☐ Annexation
- ☐ Development Agreement
- ☐ Re-Addressing Process

CEQA

- ☐ Assessment and Initial Study
- ☐ Notice of Exemption
- ☐ Negative Declaration
- ☐ Mitigated Negative Declaration
- ☐ Environmental Impact Report
- ☐ Monitoring Plan

OWNER/APPLICANT INFORMATION

Applicant's Name: _____ Company: _____

Address: _____ Phone: ( ) _____ Fax: ( ) _____

City/State: _____ Zip: _____ Business Cell: ( ) _____

Email: _____

Property Owner's Name (if different from applicant) _____

Address: _____ Phone: ( ) _____ Fax: ( ) _____

City/State: _____ Zip: _____ Business Cell: ( ) _____

Email: _____

Agent/Contact Person for Project Information _____

Address: _____ Phone: ( ) _____ Fax: ( ) _____

City/State: _____ Zip: _____ Business Cell: ( ) _____

Email: _____

FOR OFFICE USE ONLY

Case No. _____ Date Filed _____

Fee Paid _____ Cash/Check _____

Receipt No. _____ Processed By _____

ADDITIONAL APPLICANT INFORMATION

** If the Applicant is not the Owner, attach a letter from the Owner authorizing the Applicant to file the Land Development Application. If the Applicant or Owner is a Trustee or Beneficiary of a land trust, attach a disclosure statement identifying each Beneficiary by name and address and defining the property interest. The Trustee shall verify the disclosure statement. No application will be processed without the disclosure statements.*

Attorney's Name: _____ Company: _____

Address: _____ Telephone: ( ) _____ Fax: ( ) _____

City/State: _____ Zip: _____ Email: _____

Developer's Name: _____ Company: _____

Address: _____ Telephone: ( ) _____ Fax: ( ) _____

City/State: _____ Zip: _____ Email: _____

Architect's Name: _____ Company: _____

Address: _____ Telephone: ( ) _____ Fax: ( ) _____

City/State: _____ Zip: _____ Email: _____

Engineer's Name: _____ Company: _____

Address: _____ Telephone: ( ) _____ Fax: ( ) _____

City/State: _____ Zip: _____ Email: _____

Other Contact: _____ Company: _____

Address: _____ Telephone: ( ) _____ Fax: ( ) _____

City/State: _____ Zip: _____ Email: _____

PROJECT LOCATION AND SIZE

(Provide all necessary information that apply to the project and attach additional sheets if necessary):

Site Address: _____ Zip: _____

Legal Description: Lot _____ Block _____ Tract _____

Lot Dimensions _____ Lot Area _____ Zoning _____

Total Project Size (acreage or sq. ft.) _____ General Plan Designation: _____

Assessor's Parcel Number(s) (APN #): _____

PROJECT DESCRIPTION

Describe Proposal in **Detail**: _____

_____

_____

_____

Existing Use: _____ Proposed Use: _____

Reason for Request: _____

_____

_____

_____

Project Timetable: _____

_____

_____

_____

Additional Comments: _____

_____

_____

_____

PROPOSED USE

(Check use being proposed and provide all necessary information, attach additional sheets if necessary):

☐ Mixed Use (Complete also Residential & Commercial):

Describe in detail: _____

_____

Floor Area: _____

☐ Residential: ○ Single Family ○ Multiple Family ○ Other *(identify)*

Describe in detail: _____

_____

Number of Units: _____ Number of Floors: _____

Building Height: _____ Square footage of units: _____ Number of Bedrooms per Unit: _____

Density: (units per gross acre): _____

☐ Commercial: ○ Retail ○ Office ○ Other *(identify)*

Describe in detail: _____

_____

Gross square footage of floor area: _____

Building Height: _____ Parking Spaces Provided: _____ Number of floors: _____

Total number of employees: _____ Number of employees on largest shift: _____

Hours of operation: _____ Number of shifts: _____

Describe size, location, and type of loading facilities: _____

_____

☐ Industrial:

Describe in detail: _____

_____

Gross square footage of floor area: _____

Building Height: _____ Parking Spaces Provided: _____ Number of floors: _____

Total number of employees: _____ Number of employees on largest shift: _____

Hours of operation: _____ Number of shifts: _____

Describe size, location, and type of loading facilities: _____

_____

☐ Institutional:

Describe in detail: _____

_____

Floor Area: _____

Building Height: _____ Parking Spaces Provided: _____ Number of floors: _____

Total number of employees: _____ Number of employees on largest shift: _____

Hours of operation: _____

Describe size, location, and type of loading facilities: _____

_____

☐ Other:

Describe in detail: _____

_____

Floor Area: _____

Building Height: _____ Parking Spaces Provided: _____ Number of floors: _____

Total number of employees: _____ Number of employees on largest shift: _____

Hours of operation: _____

Describe size, location, and type of loading facilities: _____

_____

Please Note: Some applications may require consultation and letters of approval from Cal Trans, Department of Fish and Game, Kern County Fire, San Joaquin Air Pollution District, West Kern Water District, Department of Airports, etc.

AUTHORIZED SIGNATURES

I/We certify that any statements contained in this application packet and any information attached as part of this application are true and correct to the best of my/our knowledge. I/We agree to comply with all city ordinances, state, and other applicable laws relating to the development requested in this application.

The undersigned acknowledges that they are responsible for submitting required information on the most current City of Taft planning application form. Any permit or approval issued by the city as a result of false information on this application, or, use of an altered, or out-of-date planning application, shall be void and subject to all penalties/remedies allowed by law.

Applicant:	**Property Owner:**
_____	_____
Print Name	***Print Name***
_____	_____
Signature	***Signature***
_____	_____
Date	***Date***

Note: In order for this application to be considered complete for processing, signatures of both the current property owner and applicant are required. A letter from the property owner authorizing or acknowledging that the applicant is acting on their behalf is acceptable in lieu of the owner signing this application; however, this acknowledgement must be included with the project information submitted to the City.

STAFF COMMENTS (for office use only):

_____

_____

_____

_____

_____

SUBMITTAL REQUIREMENTS

- ☐ A letter describing the request in detail and providing justification for approval.

- ☐ Eight (8) full size copies of the site plan, floor plan, elevations, lighting plans, preliminary grading and drainage plans, and preliminary landscape plans that accurately depict the project, as applicable. All plans must be folded to approximately 8 ½ inches by 11 inches.

- ☐ For new buildings or major building remodeling, one (1) set of colored elevations or a colored rendering of all four sides of each building including notes on the exterior colors and materials.

- ☐ One (1) color and material sample board at a size of about 8 ½ x 11 inches, including samples of all exterior colors and materials. Each item should be numbered to correspond with notes on the elevations.

- ☐ Two (2) copies of a TITLE REPORT for new construction, or GRANT DEED for land use approvals with no new construction, listing the current property own, legal description, easements, and map of the property.

- ☐ Property ownership list and radius map as follows:

    - ☐ Two (2) sets of typed, gummed labels listing the names, addresses, and the Tax Assessor's Parcel Number of all property owners within 300 ft. of the exterior boundaries of the subject property;
    - ☐ The list shall be obtained from the latest Equalized Assessment Rolls issued by the County of Kern Tax Assessor;
    - ☐ A radius map indicating the subject properties within a 300-ft. radius; and
    - ☐ The completed Mailing List Certification Form (see next page).

- ☐ A notarized letter of authorization from the property owner(s) is required if the application is not being made by the property owner(s).

- ☐ Color photographs of the site.

PROPERTY OWNERS MAILING LIST CERTIFICATION FORM

_____, certify that on _____ the (Print name) (month-day-year) attached property owners list was prepared by _____ (Print company or individual's name) pursuant to application requirements furnished by the City of Taft, Planning & Community Development Department. Said list is a complete and true compilation of owner of the subject property and all other owners within 300 feet of the property involved in the application and is based upon the latest equalized assessment rolls.

I further certify that the information filed is true and correct to the best of my knowledge. I understand that incorrect or erroneous information may be grounds for rejection or denial of the application.

NAME _____

TITLE _____

ADDRESS _____

PHONE_____ FAX _____

SIGNATURE _____ DATE _____

City of Taft

MASTER FEE SCHEDULE - PLANNING FEES

	Activity Description	Fixed Fee / Minimum Fee	Initial Deposit	Charge Basis	Note
1	Annexation	$5,000	$7,500	Full Cost Recovery - Initial Deposit with Minimum Fee	
2	Appeal	$500		Fixed Fee	
3	Conditional Use Permit - (Without Negative Declaration)	$1,120		Fixed Fee	
4	Conditional Use Permit - (With Negative Declaration)	$1,880		Fixed Fee	
5	Conditional Use Permit - (Amendment to Existing Permit)	$940		Fixed Fee	
6	Development Agreement	$3,200	$3,200	Full Cost Recovery - Initial Deposit with Minimum Fee	
7	Director's Permit	$1,120		Fixed Fee	
8	Environmental Review - CEQA Assessment and Initial Study	$1,600	$1,600	Full Cost Recovery - Initial Deposit with Minimum Fee	
9	Environmental Review - CEQA Negative Declaration	$7,470	$7,470	Full Cost Recovery - Initial Deposit with Minimum Fee	
10	Environmental Review - Mitigation Monitoring Plan	$7,470	$7,470	Full Cost Recovery - Initial Deposit with Minimum Fee	
11	Environmental Review CEQA Mitigated Negative Declaration	$10,680	$10,680	Full Cost Recovery - Initial Deposit with Minimum Fee	
12	Environmental Review - Environmental Impact Report	$13,350	$13,350	Full Cost Recovery - Initial Deposit with Minimum Fee	
13	Extension of Time	$640	$640	Full Cost Recovery - Initial Deposit with Minimum Fee	
14	General Plan Amendment	$5,340	$10,000	Full Cost Recovery - Initial Deposit with Minimum Fee	
15	Lot Line Adjustment	$1,600	$1,600	Full Cost Recovery - Initial Deposit with Minimum Fee	
16	Map Review - Tentative or Revised Parcel Map - (4 Lots or Less)	$1,060	$1,060	Full Cost Recovery - Initial Deposit with Minimum Fee	
17	Map Review - Tentative or Revised Tract Map Review - (5 to 25 Lots)	$3,730	$3,730	Full Cost Recovery - Initial Deposit with Minimum Fee	
18	Map Review - Tentative or Revised Tract Map Review - (More than 25 Lots)	$5,340	$5,340	Full Cost Recovery - Initial Deposit with Minimum Fee	
19	Map Review - Parcel Map Waiver	$1,330	$1,330	Full Cost Recovery - Initial Deposit with Minimum Fee	
20	Parcel Merger	$1,600	$1,600	Full Cost Recovery - Initial Deposit with Minimum Fee	
21	Pre-Application Review	$370		Fixed Fee	
22	Sign Plan Review - Temporary Sign	$47		Fixed Fee	
23	Sign Plan Review	$188		Fixed Fee	
24	Sign Program Review	$560		Fixed Fee	
25	Site Plan Review	$1,880		Fixed Fee	
26	Specific Plan Preparation or Amendment	$13,350	$13,350	Full Cost Recovery - Initial Deposit with Minimum Fee	
27	Special Event Permit - Minor (Up to 125 people)	$560		Fixed Fee	[a]

City of Taft

MASTER FEE SCHEDULE - PLANNING FEES

	Activity Description	Fixed Fee / Minimum Fee	Initial Deposit	Charge Basis	Note
28	Special Event Permit - Major (More than 125 people)	$1,120		Fixed Fee	[a]
29	Temporary Use Permit	$94		Fixed Fee	
30	Temporary Land Use Permit	$1,120		Fixed Fee	
31	Variance - Minor (per variance requested)	$560		Fixed Fee	
32	Variance - Major (per variance requested)	$940		Fixed Fee	
33	Zone Ordinance/Map Amendment	$2,660	$5,000	Full Cost Recovery - Initial Deposit with Minimum Fee	

For services requested of City staff which have no fee listed in this Master Fee Schedule, the City Manager or the City Manager's designee shall determine the appropriate fee based on the following hourly rates for staff time involved in the service or activity:

34	Planning Staff	$188	per hour
35	Building Staff	$152	per hour
36	Engineering and Public Works Staff	$182	per hour

Overview of Fee Structure

Fees may be either fixed fees, or deposits with a minimum fee amount due. When a fee is deposit-based, the City will collect the initial deposit and bill against that deposit. The minimum total amount charged for deposit-based fees shall be the amount shown in the fixed fee / minimum fee column.

Use of Full Cost Recovery with Minimum Amount Due

For fees collected using Full Cost Recovery with Minimum Amount Due, the City will provide an accounting of internal costs and other related costs (e.g. consultant, County, attorney, etc.), to support any amounts billed in excess of the minimum amount due.

[a] Base fee does not include costs of special event support personnel that may be required to assist during event preparation, commencement, and tear-down. Any event assistance provided will be billed hourly.

*** The fees listed above assume a maximum of three iterations to applicant submittal. If more than three iterations are required, review of the fourth and subsequent iterations will be billed at the hourly rates identified above.

FOR OFFICE USE ONLY

CASE NO: _____

FEE SUMMARY

APPLICATION TYPE	BASE FEE	DEPOSIT
TOTAL		

AMOUNT DUE: _____

STAFF INITIAL & DATE: _____