



CITY OF GRAND TERRACE

STREAMLINED MINISTERIAL APPROVAL PROCESS

OBJECTIVE DESIGN STANDARDS EVALUATION FORM

MINISTERIAL REVIEW AND APPROVALS

Ministerial Action. The review of and action on the design of multifamily residential development or mixed-use development with a residential component that complies with the provisions of 18.64 Objective Design Standards is a ministerial action not subject to further discretionary review or action.

The Director has the authority to review applications for completeness and compliance with the provisions of Chapter 18.64 Objective Design Standards using this form as the primary tool for evaluation.

1. Ministerial design review shall be administered through the Precise Plan of Design requirements as outlined in Chapter 18.63 (Site Architectural Review), or as modified by Chapter 18.64; and shall not require public notice, public hearing or be subject to any required findings for approval.
2. Ministerial design review approval by the Director shall determine that the proposed application and plans comply with all requirements. All applicant seeking ministerial action shall complete the Objective Design Standards Form and provide all the supporting narrative text, tables and graphic to demonstrate:
 - a. Compliance with all applicable design standards of Chapter 18.64.
 - b. Compliance with all applicable development standards of Title 18 (Zoning) without requiring a Minor Deviation or Variance.

If the Director is unable to make the above determination, review of the project design shall be subject to all application types, reviews and procedures as outlined in Chapter 18.63 (Site and Architectural Review).

APPLICANT INFORMATION

Please provide the applicant's contact information and, if the applicant does not own the property, consent from the property owner to submit the application.

Applicant 's Name: _____
Company/Firm: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

Property Owner of Record Consent. Yes ☐

Applicant 's Name: _____
Company/Firm: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Email: _____

PROJECT INFORMATION

Project Location
Street Address: _____
City: _____ State: _____ ZIP Code: _____

Legal Description
Lot: _____
Block: _____
Tract: _____
Parcel Number(s): _____

Designations
General Plan: _____
Zoning District: _____

Please contact the Planning and Development Services Division for more information.

Assistant Planner Gabriel Arguelles at (909) 954-5176

garguelles@cityofgrandterrace-ca.gov

18.64.040

SUSTAINABLE DESIGN

- | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| A. | LEED Platinum Requirement. _____ | ☐ | ☐ | ☐ |
| B. | Water Efficient Landscape Requirement. _____ | ☐ | ☐ | ☐ |

Attachment: Please describe and depict with narrative, tables, and graphics as deemed necessary:

18.64.050

BUILDING DESIGN

- | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|
| A. | Residential Entries | | | |
| | 1. Street Oriented Entries: _____ | ☐ | ☐ | ☐ |
| | 2. Individual Residential Unit Entries: _____ | ☐ | ☐ | ☐ |
| | 3. Common Open Space Entries: _____ | ☐ | ☐ | ☐ |
| | 4. Exterior Multiple Unit Entries: _____ | ☐ | ☐ | ☐ |

Attachment: Please describe and depict with narrative, tables, and graphics as deemed necessary:

- | | | | | |
|----|-----------------------------------|--------------------------|--------------------------|--------------------------|
| B. | Modulation and Articulation _____ | ☐ | ☐ | ☐ |
| | 1. Setbacks _____ | ☐ | ☐ | ☐ |
| | 2. Façade Modulation _____ | ☐ | ☐ | ☐ |
| | 3. Façade Articulation _____ | ☐ | ☐ | ☐ |
| | 4. Roofline Modulation _____ | ☐ | ☐ | ☐ |
| | 5. Horizontal Articulation. _____ | ☐ | ☐ | ☐ |
| | 6. Vertical Articulation. _____ | ☐ | ☐ | ☐ |

Attachment: Please describe and depict with narrative, tables, and graphics as deemed necessary:

- | | | | | |
|----|--------------------------------------|--------------------------|--------------------------|--------------------------|
| C. | Architectural Elements. | | | |
| | 1. Four (4) Sided Architecture _____ | ☐ | ☐ | ☐ |
| | 2. Quality _____ | ☐ | ☐ | ☐ |
| | 3. Private Open Space Amenity _____ | ☐ | ☐ | ☐ |
| | 4. Architectural Projections _____ | ☐ | ☐ | ☐ |
| | 5. Blank Walls _____ | ☐ | ☐ | ☐ |
| | 6. Blank Wall Standards _____ | ☐ | ☐ | ☐ |

Attachment: Please describe and depict with narrative, tables, and graphics as deemed necessary:

18.64.050

BUILDING DESIGN (CONT.)

D.	Building Colors and Materials.			
	1. Primary Façade Material. _____	☐	☐	☐
	2. Secondary Façade Material. _____	☐	☐	☐
	3. Building Color. _____	☐	☐	☐
	4. Façade Color Standards. _____	☐	☐	☐
	5. Fenestration Color Standards. _____	☐	☐	☐
	6. Color Sources. _____	☐	☐	☐
	7. Prohibited Façade Materials. _____	☐	☐	☐
	8. Windows. _____	☐	☐	☐
	9. Doors. _____	☐	☐	☐

Attachment: Please describe and depict with narrative, tables, and graphics as deemed necessary:

18.64.060

SITE DESIGN

A.	At-Grade Parking Lots & Individual Residential Unit Parking Garages/Carports.			
	1. Location. _____	☐	☐	☐
	2. Pedestrian Access. _____	☐	☐	☐
	3. Motor Vehicle Access. _____	☐	☐	☐
	4. Garage Door Setback. _____	☐	☐	☐
	5. Garage/Carport Design. _____	☐	☐	☐

Attachment: Please describe and depict with narrative, tables, and graphics as deemed necessary:

B.	Structured Parking.			
	1. Screening. _____	☐	☐	☐
	2. Ventilation. _____	☐	☐	☐
	3. Control and Access. _____	☐	☐	☐

Attachment: Please describe and depict with narrative, tables, and graphics as deemed necessary:

18.64.060

SITE DESIGN (CONT.)

C. Site Access and Connectivity.

- | | | | |
|------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Internal Sidewalks. _____ | ☐ | ☐ | ☐ |
| 2. Site Design. _____ | ☐ | ☐ | ☐ |

Attachment: Please describe and depict with narrative, tables, and graphics as deemed necessary:

D. Landscaping and Common Open Space Amenities.

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Minimum Requirements. _____ | ☐ | ☐ | ☐ |
| 2. Minimum Size. _____ | ☐ | ☐ | ☐ |
| 3. Concrete Surface Standards. _____ | ☐ | ☐ | ☐ |
| 4. Other Landscape Requirements. _____ | ☐ | ☐ | ☐ |
| 5. Walls and Fences _____ | ☐ | ☐ | ☐ |

Attachment: Please describe and depict with narrative, tables, and graphics as deemed necessary:

E. Illumination.

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Common Area/Private Open Space. _____ | ☐ | ☐ | ☐ |
| 2. Sidewalks. _____ | ☐ | ☐ | ☐ |
| 3. Parking Lots. _____ | ☐ | ☐ | ☐ |
| 4. Accent Lighting. _____ | ☐ | ☐ | ☐ |

Attachment: Please describe and depict with narrative, tables, and graphics as deemed necessary:

F. Equipment and Service Areas.

- | | | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Underground. _____ | ☐ | ☐ | ☐ |
| 2. Roof-top Screening. _____ | ☐ | ☐ | ☐ |
| 3. Ground-mounted Screening. _____ | ☐ | ☐ | ☐ |
| 4. Refuse Standards. _____ | ☐ | ☐ | ☐ |

Attachment: Please describe and depict with narrative, tables, and graphics as deemed necessary:

18.64.070

ADDITIONAL STANDARDS

- | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|
| A. | Electric Vehicle Charging Stations. _____ | ☐ | ☐ | ☐ |
| B. | Bicycle Parking Standards. _____ | ☐ | ☐ | ☐ |

Attachment: Please describe and depict with narrative, tables, and graphics as deemed necessary:

18.64.080

ADDITIONAL MIXED-USE STANDARDS

- | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|
| A. | Conformance with Standards and Requirements. _____ | ☐ | ☐ | ☐ |
| B. | Low Income Units. _____ | ☐ | ☐ | ☐ |
| C. | Off-street Parking. _____ | ☐ | ☐ | ☐ |
| D. | Ground Floor Use and Height. _____ | ☐ | ☐ | ☐ |
| E. | First Floor Window and Door Transparency. _____ | ☐ | ☐ | ☐ |
| F. | Storefront Treatment. _____ | ☐ | ☐ | ☐ |

Attachment: Please describe and depict with narrative, tables, and graphics as deemed necessary:

18.64.090

PERMITS AND APPROVALS

- | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|
| A. | Other Application Submittals and Types of Review | | | |
| | 1. SB 330 Preliminary Application _____ | ☐ | ☐ | ☐ |
| | 2. SB 35 Affordable Housing Streamlined Review. _____ | ☐ | ☐ | ☐ |
| | 3. Chptr. 18.89 Minor Deviations, Chptr. 18.86 Variance, Chptr. 18.83 CUP _____ | ☐ | ☐ | ☐ |
| | 4. San Bernardino County Fire (SBCF) Standards & Requirements. _____ | ☐ | ☐ | ☐ |
| | 5. San Bernardino County Health Department (Restaurant) Requirements _____ | ☐ | ☐ | ☐ |