



Planning Review Application

Department of Planning & Development Services
 250 Hamilton Avenue, Palo Alto, CA 94301
 650-329-2441 x0 planner@cityofpaloalto.org

Appointments are required for all application submittals, please call to schedule.

Date Received (Staff Use Only)
File Number (Staff Use Only)

1 Application Request <input type="checkbox"/> Architectural Review <input type="checkbox"/> Conditional Use Permit / Amendment <input type="checkbox"/> Design Enhancement Exception <input type="checkbox"/> Historic Review <input type="checkbox"/> Home Improvement Exception <input type="checkbox"/> Individual Review <input type="checkbox"/> Preliminary AR Review <input type="checkbox"/> Council Prescreening	<input type="checkbox"/> Coordinated Development (SOFA 1) <input type="checkbox"/> Site and Design Review <input type="checkbox"/> Subdivision <input type="checkbox"/> Temporary Use Permit <input type="checkbox"/> Transfer of Development Rights <input type="checkbox"/> Variance <input type="checkbox"/> Zone Change <input type="checkbox"/> Planned Community or Amendment <input type="checkbox"/> Other:	Fees (Staff Use Only) Fee Collected _____ Cost Recovery Yes / No Cost Recovery # _____ Receipt # _____
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2 Property Location

Address of Subject Property: _____

Zone District: _____ Assessor's Parcel Number: _____ Historic Category (if applicable): _____

3 Project Description **Qualifying Housing Project Under SB-35:** Yes No

4 Applicant/Primary Contact/ Entitlement Recipient Name: _____ Address: _____ _____ City: _____ Zip Code: _____ State: _____ Phone: _____ Email: _____	<input type="checkbox"/> Architect <input type="checkbox"/> Engineer Name: _____ Address: _____ _____ City: _____ Zip Code: _____ State: _____ Phone: _____ Email: _____	Primary Contact If Different From Applicant Name: _____ Address: _____ _____ City: _____ Zip Code: _____ State: _____ Phone: _____ Email: _____
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5 Property Owner

Name: THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY

Address: 415 Broadway, 3rd Floor, Mail Code 8873 Phone 1: (650) 724-7100

City: Redwood City State: CA Zip: 94063

I hereby certify that I am the owner of record of the property described in Box #2 above and that I approve of the action requested herein by Applicant named in Box #4. If this application(s) is subject to 100% cost recovery of planning costs, Applicant understands that charges for staff time spent processing this application(s) will be based on the Policy and Procedures document provided to them. Applicant understands that the initial deposit is an estimate of these charges and not a fee, and Applicant agrees to abide by the billing policy stated. Cost recovery charges, deposits and fees are the responsibility of the Applicant, not the Property Owner. Property Owner does not assume any liability or obligation in connection with the requested action, including but not limited to any indemnity granted to the City. Property Owner does not represent or warrant the adequacy or accuracy of any document or plans or that the construction in accordance with such plans would comply with applicable laws.

Signature of Owner: Tiffany Griego, Managing Director, Asset Management, Stanford Research Park Date: _____

Action (Staff Use Only) <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature: _____	Date: _____
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**DEPARTMENT OF PLANNING AND COMMUNITY ENVIRONMENT
POLICY AND PROCEDURES FOR
APPLICATIONS SUBJECT TO COST RECOVERY**

EFFECTIVE JULY 1, 2019

Planning and Development Services, in accordance with the Municipal Fee Schedule adopted by the City Council, has instituted a program of full and partial recovery fees for processing of the following types of applications. Each of these types of applications may also require review by the Attorneys' Office as well as the possible preparation of legal documents such as ordinances and/or resolutions, and either a deposit or fee for legal review will be collected:

Appeal Costs Exceeding Appeals Filing Fee	Mitigation Monitoring- EIR
Architectural Review, Major Project	Mitigation Monitoring – MND
Administrative Extensions and Zoning Letters	Mills Act or Williamson Act – Establish or Withdraw
Comprehensive Plan change	Planned Community
Development Agreement and Development Agreement Annual Review	Pre-Screening
Environmental Documents	Site and Design
Legal Review for Additional Hearings	Transfers of Development Rights
Major Architectural Review Projects	Williamson Act – Establish or Withdraw
Major Subdivision	Wireless Applications
– Tentative Map and Subdivision Final Map	Zone Change

Our policy and procedures for recovering processing costs are as follows:

- A deposit in the amount indicated in the Municipal Fee Schedule will be accepted at the time the application is filed. If a project requires multiple entitlements, and any one of those entitlements is subject to cost recovery, as listed above, and the entitlements are being processed concurrently, then the entire processing of the project will be subject to cost recovery.
- An accounting of staff time charged towards the deposit will be sent to the applicant or property owner. If the amount incurred exceeds the amount of the deposit, an invoice will be generated. **The bill will be sent by the City's Administrative Services Department and shall be paid within 30 days, or legal interest will accrue. The City reserves the right to suspend application processing or delay issuance of a building permit due to nonpayment. The applicant and property owner are legally responsible for payment of all fees, regardless of whether an entitlement is granted.**
- In the event there are significant anticipated costs for outside consultants in excess of the amount deposited, a deposit for the full cost of the consultant work will be required at the time the consultant agreement is signed plus 25% for contract administration costs. In the event changes to the project result in additional costs, an additional deposit will be required at the time the consultant agreement is amended.
- Following a final decision on the application and project file closure, a final accounting will be sent, along with either a bill if actual processing costs exceeding the amount on deposit, or a refund if the deposit amount exceeds actual processing costs.
- The applicant or property owner applicant will be billed for all time charged to the application. A current table of rates and explanation of charges is printed on the back of this form.

AGREED UPON BY: _____

Applicant/Owner Name: _____ Signature: _____ Date: _____

BILLING RATES

July 1, 2019

Staff Rates	Effective 7/1/19
Administrative Assistant	\$ 161.42
Administrative Associate I	\$ 138.38
Administrative Associate II	\$ 152.48
Administrative Associate III	\$ 163.43
Arborist	\$ 186.75
Assistant Director Planning and Development Services	\$ 360.85
Associate Engineer	\$ 219.02
Associate Planner	\$ 199.61
Building/Planning Technician	\$ 160.50
Business Analyst	\$ 232.84
Chief Planning Official	\$ 320.88
Chief Transportation Official	\$ 280.18
City Legal Counsel	\$ 337.52
Code Enforcement Officer	\$ 195.54
Code Enforcement Lead	\$ 216.55
Coordinator Transit Management Systems	\$ 197.82
Director of Planning and Development Services	\$ 390.93
Engineer	\$ 178.24
Engineering Tech III	\$ 131.31
Landscape Architect/Park Planner	\$ 198.00
Management Analyst	\$ 207.81
Planning Manager	\$ 253.98
Planner	\$ 209.22
Principal Planner	\$ 247.62
Project Engineer	\$ 256.81
Senior Engineer	\$ 211.57
Senior Management Analyst	\$ 241.09
Senior Planner	\$ 241.27
Urban Forestry Manager	\$ 221.77

Other fees and/or staff rates may apply

CONSULTANT SERVICES

Billing rate = Actual billed costs + 25% Contract Administration fee

DIRECT COSTS

Direct processing costs, such as studies, reports, maps, outside printing or other materials will be billed at the city's cost.

Please direct any questions concerning this rate table or cost recovery policies and procedures to Senior Management Analyst at (650) 329-2359.

**POLYCHLORINATED BIPHENYLS (PCBs) IN PRIORITY BUILDING MATERIALS
DEMOLITION PROGRAM PLANNING APPLICABILITY FORM****COMPLETE THIS WORKSHEET IF THE PROJECT INCLUDES
A BUILDING/STRUCTURE DEMOLITION****Part 1. PROJECT INFORMATION**

Property Address: _____

APN: _____

Part 2. PCBs PROGRAM SCREENING CRITERIAAll buildings to be demolished that meet **BOTH** of these criteria must meet Program requirements:

- A. The building to be demolished is NOT a wood-framed, single-family residential, or two-family residential (duplex).
- B. The building to be demolished was constructed or remodeled between January 1, 1950 and December 31, 1980.

YES If the answer to (a) AND (b) are both "yes," then the project **must meet program requirements. CONTINUE TO PART 3.**

NO If the answer to either (a) OR (b) is "no," then the project is exempt from PCB requirements. **STOP HERE and sign the certification statement (Part 4) and submit this form with planning application materials.**

Part 3. PCBs PROGRAM COMPLIANCE

The response is "Yes" to both 2(a) AND to 2(b). The project must meet Program requirements.

- A. Sign and date the certification statement in Part 4 before submitting this application form.
- B. **The PCBs Applicant Package must be submitted with the Demolition Building Permit Application. Details may be found at cityofpaloalto.org/pcbdemoprogram.**

NOTE: Program requirements are considerable, and the required coordination with the Environmental Protection Agency and other agencies may take several months. It is recommended that projects conduct this step as early as possible prior to demolition (during the project planning process) to minimize delays.

Part 4. CERTIFICATION STATEMENT

I certify that the information provided in this form is, to the best of my knowledge and belief, true, accurate, and complete. I further certify that I understand my responsibility for knowing and complying with all relevant laws and regulations related to reporting, abating, and handling and disposing of PCBs materials and wastes. I understand there are significant penalties for submitting false information. I will retain a copy of this form and the supporting documentation for at least 5 years.

Signature: _____ Date: _____
(Property Owner/Agent/Legal Representative)Print/Type: _____
(Property Owner/Agent/Legal Representative Name)Signature: _____ Date: _____
(Consultant Completing Application Form)Print/Type: _____
(Consultant Completing Application Form)**Questions?**

Contact the City's Watershed Protection Group

Email: cleanbay@cityofpaloalto.org

Phone: (650) 329-2122