



# APPLICATION FOR DEVELOPMENT REVIEW

## CITY OF PLEASANT HILL

100 Gregory Lane  
Pleasant Hill, CA 94523  
Phone (925) 671-5209  
Fax (925) 682-9327

[www.pleasanthill.ca.gov](http://www.pleasanthill.ca.gov)

### I. CHECK TYPE OF PERMIT(S) REQUESTED

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Rezoning                | <input type="checkbox"/> Zoning Permit        |
| <input type="checkbox"/> Use Permit             | <input type="checkbox"/> Minor Use Permit        | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Variance               | <input type="checkbox"/> Minor Variance          | <input type="checkbox"/> Home Occupation      |
| <input type="checkbox"/> Secondary Unit         | <input type="checkbox"/> Development Plan        | <input type="checkbox"/> Sign                 |
| <input type="checkbox"/> Architectural Review   | <input checked="" type="checkbox"/> Tree Removal | <input type="checkbox"/> Other _____          |

### II. GENERAL DATA

- A. Address of Property \_\_\_\_\_
- B. Assessor's Parcel Number(s) \_\_\_\_\_
- C. Zoning \_\_\_\_\_
- D. Existing Use \_\_\_\_\_
- E. Description of Project or Request \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### III. AUTHORIZATION

In signing this application, I, as owner and/or as applicant, represent to have full legal capacity to, and hereby do authorize the filing of this application. If this application has not been signed by the property owner, attached is separate documentation of full legal authority to file this application. I agree to be bound by the conditions of approval of this application, subject only to the right to object at the hearing or during the appeal period. I further certify that the information and exhibits submitted are true and correct.

#### A. Property Owner

Name _____	Phone _____
Address _____	Fax _____
_____	Email _____
Signature _____	Date _____

#### B. Applicant other than Property Owner

Name _____	Phone _____
Address _____	Fax _____
_____	Email _____
Signature _____	Date _____

#### C. Authorized Agent

Company _____	Contact/Title _____
Address _____	Phone/Fax _____
_____	Email _____
Signature _____	Date _____

TO BE COMPLETED BY STAFF

APPLICATION TITLE	APPLICATION NUMBER	APPLICATION RECEIVED BY
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### TREE REMOVAL SUBMITTAL REQUIREMENTS

The submittal information shall be provided to the community development department. All submittal information shall be presented along with the community development application form, and any additional information required by the community development department before the application can be accepted as complete.

Size limit: Plans should be no larger than 8-1/2" x 11".

#### SUBMITTAL REQUIREMENTS:

**Number  
Of  
Copies**

- 1  1. **Application form** - completed and signed.
- 1  2. **Fee** - see most current Master Fee Schedule.
- 1  3. **Site Plan** - indicating the subject parcel(s), adjacent streets and location of proposed tree(s).
- 1  4. **Tree Condition Evaluation Report** - an independent report by a certified arborist, licensed landscape architect, or other professional approved by the Community Development Director.
- 1  5. **Site photographs** - (Polaroid is acceptable) to clearly show the views of and from the project, including neighboring development. Include a key map indicating where the pictures were taken from and in what direction they were taken. Label the pictures accordingly. It is often desirable to take a series of overlapping photographs which, when taped together, show a panoramic view set.