



Community Development Department Planning Permit Application

CITY OF NEWPORT BEACH
100 Civic Center Drive
Newport Beach, California 92660
949 644-3200
newportbeachca.gov/communitydevelopment

1. Check Permits Requested:

- | | | |
|--|--|---|
| <input type="checkbox"/> Approval-in-Concept - AIC # | <input type="checkbox"/> Lot Merger | <input type="checkbox"/> Staff Approval |
| <input type="checkbox"/> Coastal Development Permit | <input type="checkbox"/> Limited Term Permit - | <input type="checkbox"/> Tract Map |
| <input type="checkbox"/> Waiver for De Minimis Development | <input type="checkbox"/> Seasonal <input type="checkbox"/> < 90 day <input type="checkbox"/> >90 days | <input type="checkbox"/> Traffic Study |
| <input type="checkbox"/> Coastal Residential Development | <input type="checkbox"/> Modification Permit | <input type="checkbox"/> Use Permit - <input type="checkbox"/> Minor <input type="checkbox"/> Conditional |
| <input type="checkbox"/> Condominium Conversion | <input type="checkbox"/> Off-Site Parking Agreement | <input type="checkbox"/> Amendment to existing Use Permit |
| <input type="checkbox"/> Comprehensive Sign Program | <input type="checkbox"/> Planned Community Development Plan | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Planned Development Permit | <input type="checkbox"/> Amendment - <input type="checkbox"/> Code <input type="checkbox"/> PC <input type="checkbox"/> GP <input type="checkbox"/> LCP |
| <input type="checkbox"/> Development Plan | <input type="checkbox"/> Site Development Review - <input type="checkbox"/> Major <input type="checkbox"/> Minor | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Parcel Map | |

2. Project Address(es)/Assessor's Parcel No(s)

3. Project Description and Justification (Attach additional sheets if necessary):

4. Applicant/Company Name

Mailing Address

Suite/Unit

City

State

Zip

Phone

Fax

Email

5. Contact/Company Name

Mailing Address

Suite/Unit

City

State

Zip

Phone

Fax

Email

6. Property Owner Name

Mailing Address

Suite/Unit

City

State

Zip

Phone

Fax

Email

7. Property Owner's Affidavit*: (I) (We)

depose and say that (I am) (we are) the owner(s) of the property (ies) involved in this application. (I) (We) further certify, under penalty of perjury, that the foregoing statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of (my) (our) knowledge and belief.

Signature(s): _____

Title:

Date:

MM/DD/YEAR

Signature(s): _____

Title:

Date:

*May be signed by the lessee or by an authorized agent if written authorization from the owner of record is filed concurrently with the application. Please note, the owner(s)' signature for Parcel/Tract Map and Lot Line Adjustment Application must be notarized.