

CITY OF SAN RAMON ARCHITECTURAL REVIEW APPLICATION



PROJECT NAME: _____

PROJECT ADDRESS: _____

Applicant Name: _____ Phone: () _____

Address: _____

Property Owner Name: _____ Phone: () _____

Address: _____

PROJECT TYPE:

- | | | |
|---|---|--|
| <input type="checkbox"/> Conceptual Review | <input type="checkbox"/> New Residential | <input type="checkbox"/> Second Story Addition |
| <input type="checkbox"/> Exterior Alteration and/or
Floor Area Change (< 2,500 s.f.) | <input type="checkbox"/> Office/Commercial/Industrial | <input type="checkbox"/> Sign Review |

Items checked below must be filed with this application unless determined otherwise by the Planning staff. A project may be withheld from the Architectural Review Board agenda if the submittal does not comply with the ordinance requirements, use permit conditions or the Architectural Review Board's submittal requirements. Plans listed below shall be put together in sets and each set shall be folded individually to make a packet with the dimensions of approximately 9" x 12".

- | | |
|---|---|
| <input type="radio"/> Completed Application Form | <input type="radio"/> Processing Fee (see reverse) |
| <input type="radio"/> Site Development Plans (existing and proposed) | <input type="radio"/> Building Elevations (existing and proposed) |
| <input type="radio"/> Floor Plans (existing and proposed) | <input type="radio"/> Roof Plan (existing and proposed) |
| <input type="radio"/> Existing and Proposed Site Features
(i.e. decks, pools, fences, trash enclosures, site lighting, etc.) | <input type="radio"/> Landscape/Irrigation Plans
(i.e. plant species/size, paving materials, etc.) |
| <input type="radio"/> Graphics/Signing Program Plans | <input type="radio"/> Cross Sections |
| <input type="radio"/> Photographs of Existing:
___ Site ___ Elevations ___ Adjacent properties | <input type="radio"/> Noticing:
___ Neighboring Properties ___ 300' radius |
| <input type="radio"/> Rendered Plans:
___ Site ___ Landscape ___ Elevations | <input type="radio"/> Color/Materials Display
(on 8-1/2" x 11" cardboard) |
| <input type="radio"/> Plan Sets:
___ Full Size ___ Reduced (8-1/2" x 11") ___ 11" x 17" | <input type="radio"/> Additional Submittal Information Required
(see reverse) |

FOR PLANNING SERVICES DIVISION USE

Application No.: _____	Received by: _____	Date: _____
Zoning District: _____	Fee: _____	Receipt No.: _____
CEQA: <input type="checkbox"/> Exempt Class No.: _____ <input type="checkbox"/> Non-Exempt Related Application Nos. _____		

ARCHITECTURAL REVIEW APPLICATION FEE SCHEDULE

Conceptual	\$300
(to be applied to formal application; maximum of one (1) ARB meeting)	
Residential	
Single-Family - Second Story Addition	\$300
New Construction	
1 dwelling unit	T&M plus \$500 deposit
2-10 dwelling units	T&M plus \$1,000 deposit
10 + dwelling units	T&M plus \$3,000 deposit
Office / Commercial / Industrial	
0-10,000 sq. ft.	T&M plus \$1,000 deposit
10,001-50,000 sq. ft.	T&M plus \$2,000 deposit
50,001-100,000 sq. ft.	T&M plus \$3,000 deposit
100,001+ sq. ft.	T&M plus \$4,000 deposit
Sign Review	
- Face copy change	\$100
- Each new sign	\$300
- Master Sign Program Approved signs	\$150
- Master Sign Program Amendments	T&M plus \$1,000 deposit
- Master Sign Program New	T&M plus \$2,000 deposit
- Temporary Sign Permits	
21 consecutive days (one/quarter)	\$50
90 consecutive days	\$150

(Temporary "Special / Seasonal Event" signage -- Applications processed by the Parks and Community Services Department)

Additional Submittal Information Required: _____

DATE: _____ **PLANNER:** _____