

City of Milpitas Planning Division

455 E. Calaveras Blvd., Milpitas, CA 95035
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Planning and Zoning Checklist

TO BE COMPLETED BY PLANNING STAFF

This checklist identifies the minimum requirements for each application. Additional items may be required as determined by the assigned planner. Within 30 calendar days of receiving an application, the assigned planner will inform the applicant in writing whether the application is complete and accepted for processing.

Required Review

- Staff PC Subcommittee Planning Commission City Council

Type of Permit(s): _____ Deposit/Fee: \$ _____

Required Items for Complete Project Submittal

- | | |
|---|--|
| <input type="checkbox"/> Planning and Zoning Application Form | <input type="checkbox"/> Color Rendering, Perspectives, color/material board, samples, photos or brochures |
| <input type="checkbox"/> Processing Agreement Form | <input type="checkbox"/> Current Title Report (<i>not more than 90 days old</i>) |
| <input type="checkbox"/> C.3 Data Form | <input type="checkbox"/> "LEED" checklist (non-residential) |
| <input type="checkbox"/> Sewer Needs Assessment Form | <input type="checkbox"/> "Build it Green" checklist (residential) |
| <input type="checkbox"/> Project Description/Design Statement | <input type="checkbox"/> Hazardous Materials Substance Site List |
| <input type="checkbox"/> Statement of Public Benefit (PDs, PUDs) | <input type="checkbox"/> Environmental Information Packet |
| <input type="checkbox"/> Consistency Statement (GPA, ZA, SPA) | |
| <input type="checkbox"/> *Site Plans & Exhibits (<i>see below for exhibits</i>) | |

Other _____

Site Plans & Exhibits

Please collate, staple, and fold all plans and materials. Plans must be folded to 8 ½" X 11" or similar with printed side up, dated and legible. **All plans and attachments shall be placed on a CD in PDF format.** Staff will determine requirements for project specific plans by checking in the appropriate boxes below.

Plan Sets: _____ sets of 24" X 36" prints (Min. 8) _____ sets of 11" X 17" prints (Min. 2)

Each Set of Plans Shall Include

- | | |
|--|---|
| <input type="checkbox"/> Site Plan and Vicinity Map | <input type="checkbox"/> Roof Plan, Roof Cross Section, Line of Sight Drawing |
| <input type="checkbox"/> Floor Plan(s) | <input type="checkbox"/> Landscape Plan |
| <input type="checkbox"/> Architectural Elevations | <input type="checkbox"/> Photometric (<i>Lighting</i>) Plan |
| <input type="checkbox"/> Grading/Drainage Plan | <input type="checkbox"/> ALTA and/or Topographic Survey |
| <input type="checkbox"/> C.3 Stormwater Control Plan (if applicable) | <input type="checkbox"/> Utility Plan |
| | <input type="checkbox"/> Phasing Plan (Tentative Maps) |

Other Items That May Be Required

- | | |
|---|---|
| <input type="checkbox"/> Burrowing Owl Survey (or other) | <input type="checkbox"/> Fiscal/Market Analysis (GPA, ZA, SPA only) |
| <input type="checkbox"/> Acoustical and/or Vibration Study | <input type="checkbox"/> Letter of support from Homeowners Association (or other applicable architectural review committee) |
| <input type="checkbox"/> Hazardous Materials Report, Phase 1 & 2 | <input type="checkbox"/> Traffic Impact Analysis (four copies required) |
| <input type="checkbox"/> C.3 Stormwater Control Report | <input type="checkbox"/> Geotechnical Report (four copies required) |
| <input type="checkbox"/> C.3 Special Projects Worksheet (if applicable) | <input type="checkbox"/> Greenhouse Gas (GHG)/Air Quality Analysis |
| <input type="checkbox"/> Hazardous Materials Risk Assessment | <input type="checkbox"/> Arborist Report/Tree Survey |
| <input type="checkbox"/> Existing Site Conditions | <input type="checkbox"/> Other _____ |

Other: _____

Planner: _____

Date: _____