



COMMUNITY DEVELOPMENT DEPARTMENT
 Planning Division

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 WEBSITE: www.culvercity.org

8-14-07

Preliminary Project Review (PPR) Request

General Information			
Contact/Applicant Name:			
Mailing Address:			
Phone Number: ()	FAX: ()	e-mail:	
Property Owner: (if different from above)			
Mailing Address:			
Phone Number: ()	FAX: ()	e-mail:	
Project Information			
Site address(es):		Site area:	
Existing use:		Existing building gross square feet (GSF):	
Proposed use:		Proposed building gross square feet (GSF):	
Does or did the site contain under or above ground storage tanks or oil wells? (circle one)		YES	NO
Project description:			
Total Project estimated valuation: \$	Contact /Applicant Signature:		
Thirteen (13) folded copies (seven 24" x 36" and six 11" x 17") of the proposed project's conceptual site plan shall be submitted with this request, along with the applicable review fee. The project's floor plans and elevations can also be submitted if available. Conceptual site plan shall be drawn to scale, and shall include the following information:			
North arrow and scale bar Assessor's Parcel Number(s) and property legal description Site property lines (including interior lot lines), clearly identified City limits (if property adjacent to other jurisdiction) Building footprint(s), including setbacks from property lines Existing & proposed public improvements	Proposed landscaped areas Vehicular circulation (access points, driveways/aisles) Proposed parking areas Parking lot layout, including number & type of parking spaces provided (include tabulation) Other(s):		
Plans that do not include the above information will be considered <u>incomplete</u> and <u>will not be accepted</u>.			

PLEASE NOTE: Upon completion of the PPR process, all departmental comments received from the City, which will be required at the time of discretionary application submittal, will expire six (6) months from the date of the Project Review Committee (PRC) meeting date noted below. A written request for time extension, up to a maximum time of six (6) additional months, can be submitted to and approved by the Planning Division if needed.

FOR STAFF USE ONLY:	Project Review Committee (PRC) Meeting Date:		
Accepted by:			Date:
Case Manager:	Title:	Phone No.	
Preliminary determination of application(s):		<input type="checkbox"/> SPR <input type="checkbox"/> CUP <input type="checkbox"/> Other(s):	
Zoning:	General Plan Designation:	Overlay Zone:	Other: