



COMMUNITY DEVELOPMENT DEPARTMENT
Planning Division

9770 CULVER BOULEVARD CULVER CITY, CA 90232-0507
(310) 253-5710 FAX (310) 253-5721

www.culvercity.org

Preliminary Project Review (PPR) Request

| General Information | | | |
|---|-----|--|--------|
| Contact/Applicant Name: | | | |
| Mailing Address: | | | |
| Phone Number: | () | E-mail: | |
| Property Owner: (if different from above) | | | |
| Mailing Address: | | | |
| Phone Number: | () | 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: | \$ | Applicant Signature: | |
| Nine (9) 24" x 36" copies and nine (9) 11" x 17" copies 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 shall also be submitted if available. Conceptual site plan shall be drawn to scale, and shall include the following information: | | | |
| <ul style="list-style-type: none"> <input type="checkbox"/> North arrow and scale bar <input type="checkbox"/> Assessor's Parcel Number(s) and property legal description <input type="checkbox"/> Site property lines (including interior lot lines), clearly identified <input type="checkbox"/> City limits (if property is adjacent to another jurisdiction) <input type="checkbox"/> Building footprint(s), including setbacks from property lines <input type="checkbox"/> Existing & proposed public improvements <input type="checkbox"/> Proposed landscaped areas <input type="checkbox"/> Vehicular circulation (access points, driveways/aisles) <input type="checkbox"/> Proposed parking areas <input type="checkbox"/> 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: | |