



# CITY OF HIGHLAND

27215 Base Line, Highland, CA 92346  
Telephone (909) 864-8732 FAX: (909) 862-3180

## COMMUNITY DEVELOPMENT DEPARTMENT PLANNING DIVISION

### REVISIONS TO CONDITIONS APPLICATION

**FEES:** "Fully burdened" hourly rate for all personnel involved, plus any out-of-pocket expenses for contract personnel, special equipment or supplies, other state or county fees applicable charged an initial deposit, or flat fee as of March 2021:

- \$17,900 Deposit for Specific Plan Revision
- \$1,400 Deposit for review of Engineering Condition Revision
- \$1,770 Fixed Fee - For Review of Planning Condition Revision

### **CHECKLIST:** *(All items must be included at the time of filing)*

1. **One (1) copy** of Land Use Application Form. All owners must sign the Application Certificate. The Notarized Power of Attorney must contain names of all owners, if applicable. All Applications need to have original signatures upon submittal.
2. **Eighteen (18) copies** of map revision or P.U.D. or Specific Plan that is to be revised i.e. Land Use, Circulation, Drainage, Open Space, etc. Fold Plans accordion style
3. **One (1) Reduced Site Plan and Reduced Elevations and/or Landscape Plans (8 1/2" x 11")** if maps / elevations / plans are to be revised.
4. **One (1) copy** of the signed surrounding property owners list with names and mailing addresses and three sets of mailing labels. (Sample included. Property owners information may be obtained from Assessor's Parcel Books in the County Assessor's office, 172 W. Third St., San Bernardino, CA 92415).



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### PROPOSED REVISIONS

1. Request is for a revision to: Map \_\_\_\_\_ Conditions of Approval \_\_\_\_\_  
P.U.D. \_\_\_\_\_ Specific Plan \_\_\_\_\_
2. File/Project No.: \_\_\_\_\_
3. Applicant: \_\_\_\_\_
4. Engineer/Rep: \_\_\_\_\_
5. Description of Proposed Revisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Change initiated by: \_\_\_\_\_



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### LAND USE APPLICATION

1. APPLICANT NAME: \_\_\_\_\_ TEL #: \_\_\_\_\_

2. MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

3. EMAIL ADDRESS: \_\_\_\_\_

4. SITE ADDRESS & ASSESSORS PARCEL NUMBER: \_\_\_\_\_

5. BRIEF PROJECT DESCRIPTION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. REPRESENTATIVE INFORMATION:

NAME: \_\_\_\_\_ TEL#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

7. APPLICATION TYPE: (Mark all applicable types):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Zone Change         | <input type="checkbox"/> Development Code Amendment |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Variance            | <input type="checkbox"/> Specific Plan Review       |
| <input type="checkbox"/> Design Review          | <input type="checkbox"/> Tentative Tract     | <input type="checkbox"/> Parcel Map                 |
| <input type="checkbox"/> Development Agreement  | <input type="checkbox"/> Lot Line Adjustment | <input type="checkbox"/> Planned Development Agree. |
| <input type="checkbox"/> Revisions              | <input type="checkbox"/> Sign Review         | <input type="checkbox"/> Environmental Review       |
| <input type="checkbox"/> Tree Removal/          | <input type="checkbox"/> Outdoor Sales/      | <input type="checkbox"/> Planned Unit Development   |
| <input type="checkbox"/> Relocation Permit      | <input type="checkbox"/> Display Permit      | <input type="checkbox"/> Other _____                |

8. Signature: I certify under penalty of perjury that I am the Legal Owner(s) (all individuals must sign as their names appear on the property deed), or Owner's Legal Agent and that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

### (FOR OFFICE USE ONLY)

FILE NO.: \_\_\_\_\_ FILING DATE: \_\_\_\_\_ FEE: \_\_\_\_\_



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## COMMUNITY DEVELOPMENT DEPARTMENT PLANNING DIVISION

### SURROUNDING PROPERTY OWNERS LABELS

Ownership of surrounding properties shall be determine from the most up-to-date information available from the Assessor's/Tax Collection Office. Three (3) complete sets of mailing labels are required.

I certify, under the penalty of perjury, that to the best of my knowledge, the enclosed mailing labels contain the name and addresses of all property owners within the area as prescribed by the enclosed formula from the exterior boundaries of the project property perimeter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FORMULA: The property for which this application is being processed is (check one):

- Minor subdivision or Major Variance = all contiguous properties. Contiguous means touching or across the street, including corners.

#### All OTHER APPLICATIONS

- Contain all parcels within 300 feet of all external boundaries.

NOTE: These labels will be utilized to notify surrounding property owners of your proposal. Please provide three (3) complete sets of mailing labels.

#### SAMPLE MAIL LABEL

ASSESSORS PARCEL NO.  
NAME  
ADDRESS  
CITY, STATE, ZIP CODE

1234-567-8910-0000  
JOHN DOE  
27215 BASE LINE  
HIGHLAND, CA 92346



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### APPLICATION CERTIFICATE

NOTE: All owners of record must sign this Certificate. List Assessor's Parcel Number(s) of the project property:

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List Assessor's Parcel Number(s) of all property contiguous to the project property which is owned or beneficially controlled by the individual(s) signing this Certificate:

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The undersigned owner(s) or officer(s) in the organization owning the lands for which this application is made, states that he or the organization is aware the application is being filed with the City of Highland Planning Division, and certifies under penalty of perjury the information contained in this application is true and correct.

I (We) further agree that if any such information proves to be false or incorrect, the City of Highland and any special purpose or taxing district affected thereby are and shall be release from any liability incurred if a Certificate of Compliance is or has been issued on basis of this application. I understand that under such circumstances any such certificate shall be null and void and shall be returned to the City for cancellation.

Any persons signing wit Power of Attorney for others must print the names of those individuals in the signatures block and attach a certified copy of the Power of Attorney.

\_\_\_\_\_  
Signature of Legal Agent/Power of Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registration No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If Registered Engineer/Licensed Land Surveyor  
\_\_\_\_\_  
Name (please print) Owner(s) of Record

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print) Owner(s) of Record

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print) Owner(s) of Record

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date