



LAND USE REVIEW APPLICATION

ASSESSOR'S PARCEL NUMBER(S):

PROPERTY OWNER:

Name: _____

Site Address: _____

City: _____ Zip: _____

MAILING ADDRESS: (if different from above)

Name: _____

Site Address: _____

City: _____ Zip: _____

PRIMARY POINT OF CONTACT*

Name: _____

Email: _____

Phone #: _____

Cell #: _____

Address: _____

City: _____ Zip: _____

*All correspondence will go through the Planning and Building Department of record. Courtesy copies of correspondence to a designated primary point of contact will be provided. It is the primary point of contact's responsibility to communicate with any other members of the applicant's team.

Detailed description of work:

Owner or Authorized Representative: _____ Date: _____

(Attach a letter of authorization from the property owner if signed by an agent.)

Please submit a check payable to San Mateo County or call to pay by credit card with this review application. **It is the responsibility of the applicant to verify this form is current and to submit a check amount that reflects the current fee as Division fees are subject to change annually. Please visit smchealth.org/ehfees for current Division Fees.** This application is for Environmental Health Services staff Planning/Building review (and field visits needed as part of review) only. Approval of Planning and/or Building Applications is not a permit to construct a well or septic system. Additional permits and field inspections by County staff for installations, certifications or destructions will require appropriate applications and fees.

TYPES OF REVIEW:

Planning Application (PE2656)** _____

Planning application # _____

Building Application (PE2667)** _____

Planning application # _____

Other _____

Resubmittal Fee (PE4210)*** _____

** Land Use Program fees can be found at smchealth.org/ehfees

*** All projects are unique and require varying amounts of review by Environmental Health Services staff. Planning and building fees cover up to 5 hours of staff time. When Planning and Building staff time exceeds 5 hours, a resubmittal fee may be required for continued work on the project.

FEES: