

APPLICATION FOR MAJOR LAND USE ACTION REVIEW

RIVERSIDE COUNTY AIRPORT LAND USE COMMISSION

ALUC Identification No. _____

PROJECT PROPONENT (TO BE COMPLETED BY APPLICANT)

Date of Application _____

Property Owner _____ Phone Number _____

Mailing Address _____

Agent (if any) _____ Phone Number _____

Mailing Address _____

PROJECT LOCATION (TO BE COMPLETED BY APPLICANT)

Attach an accurately scaled map showing the relationship of the project site to the airport boundary and runways

Street Address _____

Assessor's Parcel No. _____ Parcel Size _____

Subdivision Name _____ Zoning _____

Lot Number _____ Classification _____

PROJECT DESCRIPTION (TO BE COMPLETED BY APPLICANT)

If applicable, attach a detailed site plan showing ground elevations, the location of structures, open spaces and water bodies, and the heights of structures and trees; include additional project description data as needed

Existing Land Use _____
(describe) _____

Proposed Land Use _____
(describe) _____

For Residential Uses Number of Parcels or Units on Site (exclude secondary units) _____

For Other Land Uses Hours of Use _____

(See Appendix C) Number of People on Site _____ Maximum Number _____

Method of Calculation _____

Height Data Height above Ground or Tallest Object (including antennas and trees) _____ ft.

Highest Elevation (above sea level) of Any Object or Terrain on Site _____ ft.

Flight Hazards Does the project involve any characteristics which could create electrical interference, confusing lights, glare, smoke, or other electrical or visual hazards to aircraft flight? Yes No

If yes, describe _____

REFERRING AGENCY (TO BE COMPLETED BY AGENCY STAFF)

Date Received	_____	Type of Project	
Agency Name	_____	<input type="checkbox"/> General Plan Amendment	
Staff Contact	_____	<input type="checkbox"/> Zoning Amendment or Variance	
Phone Number	_____	<input type="checkbox"/> Subdivision Approval	
Agency's Project No.	_____	<input type="checkbox"/> Use Permit	
		<input type="checkbox"/> Public Facility	
		<input type="checkbox"/> Other _____	

ALUC REVIEW (TO BE COMPLETED BY ALUC EXECUTIVE DIRECTOR)

Application Receipt	Date Received _____	By _____
	Is Application Complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If No, cite reasons _____	

Airport(s) Nearby	_____							
Primary Criteria Review	Compatibility Zone(s)	<input type="checkbox"/> A	<input type="checkbox"/> B1	<input type="checkbox"/> B2	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> Ht.
	Allowable (not prohibited) Use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____				
	Density/Intensity Acceptable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____				
	Open Land Requirement Met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____				
	Height Acceptable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____				
	Easement/Deed Notice Provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____				

Special Conditions	Describe: _____

Supplemental Criteria Review	Noise	_____
	Safety	_____
	Airspace Protection	_____
	Overflight	_____

ACTIONS TAKEN (TO BE COMPLETED BY ALUC EXECUTIVE DIRECTOR)

ALUC Executive Director's Action	<input type="checkbox"/> Approve	Date _____
	<input type="checkbox"/> Refer to ALUC	

ALUC Action	<input type="checkbox"/> Consistent	Date _____
	<input type="checkbox"/> Consistent with Conditions (list conditions/attach additional pages if needed)	

	<input type="checkbox"/> Inconsistent (list reasons/attach additional pages if needed)	

A. NOTICE: Failure of an applicant to submit complete or adequate information pursuant to Sections 65940 to 65948 inclusive, of the California Government Code, MAY constitute grounds for disapproval of actions, regulations, or permits.

B. SUBMISSION PACKAGE:

ALUC REVIEW

- 1 Completed Application Form
- 1 Project Site Plan – Folded (8-1/2 x 14 max.)
- 1 Elevations of Buildings - Folded
- 1 Each . 8 ½ x 11 reduced copy of the above
- 1 8 ½ x 11 reduced copy showing project in relationship to airport.
- 1 Set . Floor plans for non-residential projects
- 4 Sets. . Gummed address labels of the Owner and representative (*See Proponent*).
- 1 Set. . Gummed address labels of all property owners within a 300’ radius of the project site. If more than 100 property owners are involved, please provide pre-stamped envelopes (size #10).
- 4 Sets. . Gummed address labels of the referring agency (City or County).
- 1 Check for Fee (See Item “C” below)

STAFF REVIEW (Consult with ALUC staff planner as to whether project qualifies)

- 1 Completed Application Form
- 1 Project Site Plans – Folded (8-1/2 x 14 max.)
- 1 Elevations of Buildings - Folded
- 1 8 ½ x 11 Vicinity Map
- 1 Set . Gummed address labels of the Owner and representative (*See Proponent*).
- 1 Set . Gummed address labels of the referring agency.
- 1 Check for review–See Below

C. FEE SCHEDULE (Effective August 14, 2007): Approved by Resolution 2007-03:

ALUC REVIEW

Change of Zone; Conditional Use Permit; General Plan Amendment; Parcel Map or Plot/Site Plan Review and Variance

Initial Project Review \$ 1,188.00
Amended Project Review \$ 792.00

Tract Map Review

Initial Project Review \$1,353.00
Amended Project Review \$ 908.00

General Plan Element Review

Initial Project Review \$3,300.00
Amended Project Review \$2,195.00

Other Environmental Assessments Review

Initial Project Review \$1,492.00
Amended Project Review \$ 990.00

Specific Plan Review

Initial Project Review \$2,911.00
Amended Project Review \$1,947.00

Community Plan Review

Initial Project Review \$3,300.00
Amended Project Review \$2,145.00

Environmental Impact Report Review

Initial Project Review \$2,723.00
Amended Project Review \$1,815.00

Building Permit Review

Initial Project Review \$ 512.00
Amended Project Review \$ 347.00

*Please make out check payable to:
Riverside County Airport Land Use Commission or A.L.U.C.*

