



## INSTRUCTIONS FOR FILING AN ADMINISTRATIVE REVIEW

All of the following must be submitted before the Planning Division can process the application:

1. **Application**
2. **Owner's Permission** authenticated by notary. **The Owners Permission MUST be notarized or the Planning Division will not accept the application.**
3. **Filing Fee and Deposit Agreement:**
  - a. Administrative Review: \$440.00 deposit, for planner review at a rate of \$96.36 per hour.
  - b. Completed Deposit Agreement, as attached to this packet

**NOTE:** Building permits associated with this application will not be issued until all filing fees are collected and deposit accounts are settled.
4. **Occupant's Permission To Enter And Investigate Site:** Submit attached form with ink signature of occupant.
5. **(2) Two copies** of the required plans. They must be folded to a maximum 8.5" X 13".
  - a. Site Plan
  - b. Floor Plan
6. **Digital copy** of the full set of plans on a **flash drive**. Our computers do **NOT** accept CD's.
7. **Complete Business/Organization Operations Plan**

\*Plans **MUST** be folded and stapled together in sets to maximum 8½" x 13".

\*Planning Division will not accept the application if the plans are not folded and stapled together.



## EXPLANATION OF ITEMS 1 THROUGH 5

1. Application

To process the Administrative Review, the attached application sheet must include the notarized authorization of the legal owner.

2. Filing Fee

a. City Council Resolution requires a filing fee of \$140.00 for printing, postage, and miscellaneous processing costs, plus \$96.36 per hour for staff time actually spent in the preparation and processing of applications. In addition, any time required of the City Attorney will be billed at the attorney's current rate.

An initial deposit of \$440.00 shall be required at the time of submittal of the application, from which the items above (the filing fee and hourly charges) will be funded. The fee for an administrative review for a temporary storage container is \$50.00. When the deposit is used up, additional deposits may be required by the Community Development Director before work on the application resumes. Please make your checks payable to "City of West Covina."

3. Site Plan: All drawings must be prepared as noted below and folded together to 8½" x 13" max.

I. Format

- A. Title as follows: Name, address, and telephone number of applicant.
- B. North arrow and scale (orient drawings to the north and use a scale not less than 1" = 30' , unless approval has been granted by the Planning Department to reduce the scale).
- C. Legend for the plan shall include all the items in Section IV.

II. Parcel Specifications

- A. Fully dimensioned subject parcel boundaries.
- B. Abutting street information:
  - 1) Name of street(s)
- C. Name, location and width of closest intersecting street.
- D. Existing contours and water courses, for subject property and adjacent property.
- E. Location and dimensions of all existing or proposed easements



## EXPLANATION OF ITEMS 1 THROUGH 5

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### III. Map Legend

- A. Net acreage of parcel.
- B. Gross floor area for all buildings.
- C. Proposed off-street parking.
- D. Required off-street parking.
- E. Number of permanent seats, beds, classrooms, dwelling units (include size of each unit etc., as needed for the computation of the parking requirements)

### 4. Floor Plans

Floor plans must include the exact locations, dimensions, and uses (e.g. office, storage, kitchen, etc.) of all rooms, the locations and sizes of all windows, doors, and elevators, and the width, rise, and run of any stairs, along with the height of handrails.

### 5. Business/Organization Operations Plan

Provide a complete and detailed account of all activities proposed. The more detailed your plans, the better able staff will be to help craft conditions of approval that achieve public safety and welfare while affording your business or organization the greatest flexibility possible under your individual circumstances.



# ADMINISTRATIVE REVIEW (AR) APPLICATION

A. **Planning Application Requested**

- Accessory Massage
- Accessory Permanent Makeup/Microblading
- Other: \_\_\_\_\_

**Case No.**

\_\_\_\_\_

B. **Project Information:**

Property Address: \_\_\_\_\_

Assessor's Identification Number (AIN): \_\_\_\_\_

Zoning Classification of the Subject Property: \_\_\_\_\_

Lot Area-per Parcel (square-feet): \_\_\_\_\_

Building/Unit (footprint) Square Footage: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. **Project Coordinator/Applicant Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

D. **Property Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_



## OWNER'S PERMISSION

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I (we) do hereby certify, under penalty of perjury, that I (we) am (are) the owner(s) of the real property legally described herein and hereby grant permission for which this application is made. (Attach a supplemental sheet if necessary):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

**The Owner's Permission MUST be notarized or the Planning Division will not accept the application.**



## DEPOSIT AGREEMENT

Case No.

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This is to certify that I, \_\_\_\_\_  
(applicant)

understand that the \$440.00 deposited at the time of the filing of this application is to be used to cover staff time at the hourly rate determined by City Council Resolution (rate changes effective July 1st of each year) which is currently \$96.36 per hour, and any City Attorney time at current rates. Should my deposit be depleted at any time prior to the completion of the process, the process will be suspended until additional deposits, the amount of which shall be determined by the Community Development Director, are made. Failure to provide additional funds within ten (10) days after notification of depletion shall be cause for withdrawal of this application. I also understand that prior to the issuance of any future building permit(s) associated with this application, all fees must be collected and deposit accounts settled.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## **OCCUPANT'S PERMISSION TO ENTER AND INVESTIGATE SITE**

I, \_\_\_\_\_ as \_\_\_\_\_  
*(owner or lessee)*

and occupant of the property located at \_\_\_\_\_

do hereby authorize representatives of the City of West Covina to enter upon the above mentioned property for inspection purposes and to obtain photographs of the subject property to prepare reports for Administrative Review No. \_\_\_\_\_.

This authorization terminates upon the final decision on the case, made either by the Planning Commission or City Council of the City of West Covina.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*To be filled out by occupant (owner or lessee)*



## ADMINISTRATIVE REVIEW (AR) APPLICATION CHECKLIST

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### FOR DEPARTMENT USE ONLY

CASE NO: \_\_\_\_\_

DATE FILED: \_\_\_\_\_

FILING FEE: \_\_\_\_\_

RECEIPT NO: \_\_\_\_\_

APPLICATION COMPLETE?:

\_\_\_\_\_

### Application Submittal Checklist

- (2) Two set of plans
- Digital copy of submitted plans on a flash drive
- Notarized Owner's Permission
- Occupant's Permission To Enter And Investigate Site
- Deposit Agreement
- Complete Business/Organization Operations Plan