



**CITY OF SAN BERNARDINO**  
 Community Development Department, Planning Division  
 300 North "D" Street, 3<sup>rd</sup> Floor  
 San Bernardino, CA 92418  
 Phone (909) 384-5057 • Fax (909) 384-5080  
 Web address: www.sbcity.org

## ADMINISTRATIVE PERMIT (ADP) APPLICATION FORM

*Applications may be filed with the Planning Division Monday through Thursday between the hours of 7:00 a.m. and 5:30 p.m.*

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

Assessor's Parcel Number(s): \_\_\_\_\_

Zone: \_\_\_\_\_ Land Use District: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Property Owner's Name:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Architect/Engineer Name:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Detailed Description of Project or Business:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OFFICE USE ONLY	
Date Filed: _____	Case No.: _____
Correct # of Plan Provided? _____	Folded? _____
Reduced Plans? _____	Plans On CD? _____
Prior Case # (s) _____	Prior ZVR # (s) _____
Receipt No.: _____	Fee Paid: \$ _____
Issued By: _____	

**Type of Project:**

- New business
- Relocating business
- Letter of Public Convenience & Necessity (PCN)
- Reuse of existing building (vacant longer than 3 years)
- Exterior change to an existing building
- Building expansion (less than 10% of floor area)
- ABC license for a restaurant (attach completed Alcoholic Beverage Sales Application)

**Type of Business:**

- Retail/Commercial
- Office
- Restaurant
- Industrial
- Other (please describe) \_\_\_\_\_

**Project Information:**

Square footage of the entire property: \_\_\_\_\_  
 Square footage of the building and/or building addition: \_\_\_\_\_  
 Hours of operation: \_\_\_\_\_  
 Number of employees: \_\_\_\_\_

**APPLICATION SUBMITTAL REQUIREMENTS:**

- Completed Application Form
- Notarized Property Owner’s Authorization
- Fees
- Site Plan (see above list for required items) – 5 copies
- Floor Plans (interior of the building) – 5 sets
- Elevations (all four sides of building and property) – 1 set of photos; and/or \_\_\_\_\_
- Elevations showing the proposed changes to the exterior of the building – 5 sets
- All plans must be collated, stapled, and folded (minimum size – 8½“ x 11” & maximum size – 8½ “ x 14”)

**THE FOLLOWING ITEMS MUST BE SHOWN AND LABELED ON SITE PLANS:**

- North arrow, drawing scale, date of preparation, name of plan preparer
  - Dimensions and shape of lot (include square-footage) and all structures
  - Dimensions and names of all adjacent streets or public right-of-way
  - Location and dimensions of all buildings/structures including square-footage of each
  - Location and labels for all existing and proposed uses on the property and within 100 feet of the property
  - Location and dimensions of parking lots, driveways, parking spaces, and drive aisles
  - Location and dimensions of all handicap parking spaces, ramps and curb ramps, and signs
  - Location of handicap-accessible Path of Travel to building entrance, sidewalks, and interior walks
  - Type of pavement and/or groundcover
  - Location of loading zones and refuse enclosures
  - Location of existing and proposed fences, walls, and gates (including heights)
  - Location of overhead or adjacent utility poles, wires, pole signs, transformers, or other structures
  - Location of fire hydrants (on and adjacent to the property)
  - Building occupancy rating, type of building construction, and if automatic sprinklers are in building
- Site plans may not exceed 24” x 36”. Rolled plans will not be accepted.*

---

## PROPERTY OWNER'S AUTHORIZATION FORM

---

**To:** City of San Bernardino, Community Development Department

**From:** Please list the name(s) and address(es) of all property owner(s).

1. Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

This letter shall serve to notify you and verify that I/we am/are the legal owner(s) of the property described in the attached application and do hereby authorize:

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Complete Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

To file and present my/our interest in the above referenced application(s).

### Certification Statement

I hereby certify, under penalty of perjury, that the proposed use will not obstruct or otherwise hinder access to any recorded easements, and that I am authorized by the property owner(s) to submit this application.

Name (printed): \_\_\_\_\_

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

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

Date: \_\_\_\_\_.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

---

NOTARY PUBLIC

*Applications may be filed at the Community Development Department between the hours of 7:30 a.m. and 5:00p.m. Monday through Thursday  
All required items must be submitted at the time of application. Incomplete applications will not be accepted.*