

**CITY OF PACIFIC GROVE**  
**ENVIRONMENTAL INFORMATION**  
(To be completed by Applicant)

<b>CDD Use only</b> FEE _____ ACCOUNT NO. 01-417-00
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Accepted for submittal by: \_\_\_\_\_  
[CDD Staff person]

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

**I. General Information**

1. Name: \_\_\_\_\_  
 Owner     Applicant

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

Applicant's Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Owner's Phone (if applicant is not owner) (\_\_\_\_\_) \_\_\_\_\_

2. Project Address: \_\_\_\_\_

Assessor's Parcel Number \_\_\_\_\_

3. Permit Application Number \_\_\_\_\_

Lot(s) \_\_\_\_\_ Block \_\_\_\_\_ Tract \_\_\_\_\_

**II. Existing Site Information**

1. Current Use: \_\_\_\_\_

2. Size of Site: \_\_\_\_\_

(a) Source of information: \_\_\_\_\_

3. Total building square footage: \_\_\_\_\_

4. Number of stories: \_\_\_\_\_

5. Number of off-street parking spaces provided

(a) Covered \_\_\_\_\_; uncovered \_\_\_\_\_

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- 6. Number of dwelling units: \_\_\_\_\_
  - (a) Number of bedrooms per unit: \_\_\_\_\_
  - (b) Density (units per square foot of land) \_\_\_\_\_
  
- 7. Complete the following if commercial, industrial or institutional use:
  - (a) Gross square footage: \_\_\_\_\_
  - (b) Net square footage: \_\_\_\_\_
  - (c) Description of loading facilities (include hours and days of deliveries/pickups):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - (d) Hours and days of operation: \_\_\_\_\_  
\_\_\_\_\_
  - (e) Number of employees per shift: \_\_\_\_\_  
\_\_\_\_\_

**III. Proposed Project Information**

- 1. Proposed use: \_\_\_\_\_
- 2. Size of site (if different from existing): \_\_\_\_\_
- 3. Proposed building square footage: \_\_\_\_\_
- 4. Proposed number of stories: \_\_\_\_\_
- 5. Proposed number of off-street parking spaces provided
  - (a) Covered \_\_\_\_\_; uncovered \_\_\_\_\_
  
- 6. Proposed number of dwelling units: \_\_\_\_\_
  - (a) Number of bedrooms per unit: \_\_\_\_\_
  - (b) Density (units per square foot of land) \_\_\_\_\_
  - (c) Range of sale prices or rents: \_\_\_\_\_

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7. If proposed project is a commercial, industrial, or institutional use, please complete the following:

(a) Gross square footage: \_\_\_\_\_

(b) Net square footage: \_\_\_\_\_

(c) Description of loading facilities (include hours and days of deliveries/pickups:

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

(d) Hours and days of operation: \_\_\_\_\_

\_\_\_\_\_

(e) Number of employees per shift: \_\_\_\_\_

\_\_\_\_\_

List and describe any required permits, reviews or approvals required for this project by city, regional, state and/or federal agencies: \_\_\_\_\_

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

**CERTIFICATION:**

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements and information presented are true and correct to the best of my knowledge and belief.

Dated: \_\_\_\_\_

(X) \_\_\_\_\_

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

Owner

Authorized Agent for Owner