



**CITY OF TAFT  
APPLICATION FORM**

Planning Department  
209 E. Kern St.  
Taft, CA 93268  
Phone: (661) 763-1222  
Fax: (661)765-2480  
Email: [planning@cityoftaft.org](mailto:planning@cityoftaft.org)  
[www.cityoftaft.org](http://www.cityoftaft.org)

**APPLICATION TYPE**  
(Please check all that apply)

**General Plan & Zone Changes**

- General Plan Amendment
- Specific Plan Amendment
- Zone Change Amendment
- Other \_\_\_\_\_

**Zoning Applications-Site Plan Reviews**

- Conditional Use Permit
- Variance
- Site Plan Review
- Temporary Land Use Permit
- Planned Development
- Home Occupation Permit
- Other \_\_\_\_\_

**Land Divisions**

- Tract Map
- Revised Tract Map
- Parcel Map
- Revised Parcel Map
- Lot Line Adjustment
- Parcel Merger
- Parcel Map Waiver
- Time Extension

**Miscellaneous**

- Annexation
- Development Agreement
- Special Event Permit
- Approval

**CEQA**

- Assessment and Initial Study
- Notice of Exemption
- Negative Declaration
- Mitigated Negative Declaration
- Environmental Impact Report
- Monitoring Plan

**OWNER/APPLICANT INFORMATION**

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

**Address:** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_ **Fax:** (     ) \_\_\_\_\_

\_\_\_\_\_ **Zip:** \_\_\_\_\_ **Business Cell:** (     ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Property Owner's Name** (if different from applicant) \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_ **Fax:** (     ) \_\_\_\_\_

\_\_\_\_\_ **Zip:** \_\_\_\_\_ **Business Cell:** (     ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Agent/Contact Person** for Project Information \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_ **Fax:** (     ) \_\_\_\_\_

\_\_\_\_\_ **Zip:** \_\_\_\_\_ **Business Cell:** (     ) \_\_\_\_\_

**Email:** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
<i>Case No.</i> _____	<i>Date Filed</i> _____
<i>Fee Paid</i> _____	<i>Cash/Check</i> _____
<i>Receipt No.</i> _____	<i>Processed By</i> _____

**ADDITIONAL APPLICANT INFORMATION**

*\* If the Applicant is not the Owner, attach a letter from the Owner authorizing the Applicant to file the Land Development Application. If the Applicant or Owner is a Trustee or Beneficiary of a land trust, attach a disclosure statement identifying each Beneficiary by name and address and defining the property interest. The Trustee shall verify the disclosure statement. No application will be processed without the disclosure statements.*

Attorney's Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Developer's Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Architect's Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Engineer's Name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**PROJECT LOCATION AND SIZE**

(Provide all necessary information that apply to the project and attach additional sheets if necessary):

Site Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Tract \_\_\_\_\_

Lot Dimensions \_\_\_\_\_ Lot Area \_\_\_\_\_ Zoning \_\_\_\_\_

Total Project Size (acreage or sq. ft.) \_\_\_\_\_ General Plan Designation: \_\_\_\_\_

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

**PROJECT DESCRIPTION**

Describe Proposal in **Detail**: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Timetable: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROPOSED USE**

(Check use being proposed and provide all necessary information, attach additional sheets if necessary):

Mixed Use (Complete also Residential & Commercial):

Describe in detail: \_\_\_\_\_  
\_\_\_\_\_

Floor Area: \_\_\_\_\_

Residential:       Single Family       Multiple Family       Other (*identify*)

Describe in detail: \_\_\_\_\_  
\_\_\_\_\_

Number of Units: \_\_\_\_\_ Number of Floors: \_\_\_\_\_

Building Height: \_\_\_\_\_ Square footage of units: \_\_\_\_\_ Number of Bedrooms per Unit: \_\_\_\_\_

Density: (units per gross acre): \_\_\_\_\_

Commercial:       Retail       Office       Other (*identify*)

Describe in detail: \_\_\_\_\_  
\_\_\_\_\_

Gross square footage of floor area: \_\_\_\_\_

Building Height: \_\_\_\_\_ Parking Spaces Provided: \_\_\_\_\_ Number of floors: \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Number of employees on largest shift: \_\_\_\_\_

Hours of operation: \_\_\_\_\_ Number of shifts: \_\_\_\_\_

Describe size, location and type of loading facilities: \_\_\_\_\_  
\_\_\_\_\_

Industrial:

Describe in detail: \_\_\_\_\_  
\_\_\_\_\_

Gross square footage of floor area: \_\_\_\_\_

Building Height: \_\_\_\_\_ Parking Spaces Provided: \_\_\_\_\_ Number of floors: \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Number of employees on largest shift: \_\_\_\_\_

Hours of operation: \_\_\_\_\_ Number of shifts: \_\_\_\_\_

Describe size, location and type of loading facilities: \_\_\_\_\_  
\_\_\_\_\_

Institutional:

Describe in detail: \_\_\_\_\_  
\_\_\_\_\_

Floor Area: \_\_\_\_\_

Building Height: \_\_\_\_\_ Parking Spaces Provided: \_\_\_\_\_ Number of floors: \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Number of employees on largest shift: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Describe size, location and type of loading facilities: \_\_\_\_\_  
\_\_\_\_\_

Other:

Describe in detail: \_\_\_\_\_  
\_\_\_\_\_

Floor Area: \_\_\_\_\_

Building Height: \_\_\_\_\_ Parking Spaces Provided: \_\_\_\_\_ Number of floors: \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Number of employees on largest shift: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Describe size location and type of loading facilities: \_\_\_\_\_  
\_\_\_\_\_

**Please Note:** Some applications may require consultation and letters of approval from Cal Trans, Department of Fish and Game, Kern County Fire, San Joaquin Air Pollution District, West Kern Water District, Department of Airports, etc.

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**AUTHORIZED SIGNATURES**

I/We certify that any statements contained in this application packet and any information attached as part of this application are true and correct to the best of my/our knowledge. I/We agree to comply with all city ordinances, state, and other applicable laws relating to the development requested in this application.

The undersigned acknowledges that they are responsible for submitting required information on the most current City of Taft planning application form. Any permit or approval issued by the city as a result of false information on this application, or, use of an altered, or out-of-date planning application, shall be void and subject to all penalties/remedies allowed by law.

**Applicant:**

**Property Owner:**

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Print Name*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Date*

*Note: In order for this application to be considered complete for processing, signatures of both the current property owner and applicant are required. A letter from the property owner authorizing or acknowledging that the applicant is acting on their behalf is acceptable in lieu of the owner signing this application; however, this acknowledgement must be included with the project information submitted to the City.*

STAFF COMMENTS (for office use only):

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## **SUBMITTAL REQUIREMENTS**

- A letter describing the request in detail and providing justification for approval.
- Eight (8) full size copies of the site plan, floor plan, elevations, lighting plans, and preliminary landscape plans that accurately depict the project, as applicable. All plans must be folded to approximately 8 ½ inches by 11 inches.
- For new buildings or major building remodeling, one (1) set of colored elevations or a colored rendering of all four sides of each building including notes on the exterior colors and materials..
- One (1) color and material sample board at a size of about 8 ½ x 11 inches, including samples of all exterior colors and materials. Each item should be numbered to correspond with notes on the elevations.
- Two (2) copies of the TITLE REPORT showing legal vesting, lot description, easements and map of the property.
- Property ownership list and radius map as follows:
  - Two (2) sets of typed, gummed labels listing the names, addresses, and the Tax Assessor's Parcel Number of all property owners and residents (when different than property owner) within 300 ft. of the exterior boundaries of the subject property;
  - The list shall be obtained from the latest Equalized Assessment Rolls issued by the County of Kern Tax Assessor;
  - A radius map indicating the subject properties within a 300-ft. radius; and
  - The completed Mailing List Certification Form.
- A notarized letter of authorization from the property owner(s) is required if the application is not being made by the property owner(s).
- Color photographs of the site.

**PROPERTY OWNERS MAILING LIST CERTIFICATION FORM**

\_\_\_\_\_, certify that on \_\_\_\_\_ the  
(Print name) (month-day-year) attached property owners list was prepared by  
\_\_\_\_\_ (Print company or individual's name) pursuant to  
application requirements furnished by the City of Taft, Planning & Community Development  
Department. Said list is a complete and true compilation of owner of the subject property and all other  
owners within 300 feet of the property involved in the application and is based upon the latest equalized  
assessment rolls.

I further certify that the information filed is true and correct to the best of my knowledge. I understand  
that incorrect or erroneous information may be grounds for rejection or denial of the application.

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**\*All other fees are available upon request**

**CITY OF TAFT  
 MASTER FEE SCHEDULE  
 Schedule of Planning Fees**

*Draft: Subject to Material Revision*

Service	Fee
<b>PLANNING FEES</b>	
1 Site Plan Initial Review - (No external service providers used)	\$90 base fee
2 Site Plan Initial Review - (External service providers used)	\$160 base fee, plus external service provider costs if any
3 Site Plan Design Review - Permitted by Right (No Project Assistance Committee Required)	\$210 base fee, plus external service provider costs, if any
4 Site Plan Design Review - Permitted by Right (Project Assistance Committee Required)	\$515 base fee, plus external service provider costs if any
5 Site Plan Design Review - Planning Commission (No Public Hearing Required)	\$595 base fee, plus external service provider costs if any
6 Site Plan Design Review - Planning Commission (Public Hearing Required)	\$795 base fee, plus external service provider costs if any
7 Temporary Sign Plan Review	\$45 base fee, plus external service provider costs if any
8 Sign Plan Review - (No Additional Permits or Engineering Review Required)	\$95 base fee, plus external service provider costs if any
9 Sign Plan Review - (Additional Permits or Engineering Review Required)	\$235 base fee plus external service provider costs, if any
10 Conditional Use Permit - (Without Negative Declaration)	\$660 base fee, plus external service provider costs, if any
11 Conditional Use Permit - (With Negative Declaration)	\$1,855 base fee, plus external service provider costs, if any
12 Conditional Use Permit - (Amendment to Existing Permit)	\$515 base fee, plus external service provider costs, if any
13 Temporary Use Permit	\$635 base fee plus external service provider costs, if any
14 Special Event Permit	\$360 base fee [a]

CITY OF TAFT  
 MASTER FEE SCHEDULE  
 Schedule of Planning Fees

Draft: Subject to Material Revision

Service	Fee
<b>PLANNING FEES</b>	
15 Zone Variance - Homeowner Application Existing Dwelling - (No Planning Commission Required)	\$150 base fee, plus external service provider costs if any
16 Zone Variance - Homeowner Application Existing Dwelling - (Planning Commission Required)	\$300 base fee plus external service provider costs, if any
17 Zone Variance - All Others (No Planning Commission Required)	\$335 base fee, plus external service provider costs if any
18 Zone Variance - All Others (Planning Commission Required)	\$625 base fee, plus external service provider costs, if any
19 Tentative or Revised Parcel Map Review - (Parcel Map - 4 Lots or Less)	\$1,005 base fee plus \$1,000 deposit for external service provider costs, if any
20 Tentative or Revised Tract Map Review - (Tract Map - 5 to 25 Lots)	\$2,010 base fee plus \$3,000 deposit for external service provider costs, if any
21 Tentative or Revised Tract Map Review - (Tract Map - More than 25 Lots)	\$3,130 base fee, plus \$3,000 deposit for external service provider costs, if any
22 Final Parcel Map Review - (Parcel Map - 4 Lots or Less)	\$525 base fee, plus \$2,500 deposit for external service provider costs, if any
23 Final Tract Map Review - (Tract Map - 5 to 25 Lots)	\$805 base fee, plus \$2,500 deposit for external service provider costs if any
24 Final Tract Map Review - (Tract Map - More than 25 Lots)	\$1,165 base fee, plus \$2,500 deposit for external service provider costs, if any
25 Conditions of Approval/Compliance - (per map)	\$400 base fee, plus \$500 deposit for external service provider costs, if any
26 Lot Line Adjustment	\$835 base fee, plus \$1,000 deposit for external service provider costs if any
27 Parcel Merger	\$835 base fee, plus \$1,000 deposit for external service provider costs, if any
28 Time Extension	\$335 base fee, plus \$1,000 deposit for external service provider costs, if any
29 Parcel Map Waiver	\$735 base fee, plus \$1,000 deposit for external service provider costs, if any

CITY OF TAFT  
 MASTER FEE SCHEDULE  
 Schedule of Planning Fees

*Draft: Subject to Material Revision*

Service	Fee
<b>PLANNING FEES</b>	
30 Annexation	Billed per hour plus external service provider costs, if any \$5,000 initial deposit collected \$2,300 minimum fee
31 Development Agreement	Billed per hour, plus external service provider costs, if any \$2,500 initial deposit collected \$1,500 minimum fee
32 Environmental Impact Report	Billed per hour plus external service provider costs, if any \$10,000 initial deposit collected \$7,900 minimum fee
33 CEQA Assessment and Initial Study	Billed per hour, plus external service provider costs, if any \$1,500 initial deposit collected \$700 minimum fee
34 CEQA Negative Declaration	Billed per hour, plus external service provider costs, if any \$5,000 initial deposit collected \$3,900 minimum fee
35 CEQA Mitigated Negative Declaration	Billed per hour, plus external service provider costs, if any \$10,000 initial deposit collected \$5,500 minimum fee
36 Mitigation Monitoring Plan	Billed per hour, plus external service provider costs, if any \$5,000 initial deposit collected \$3,900 minimum fee
37 General Plan Amendment	Billed per hour plus external service provider costs, if any \$10,000 initial deposit collected \$2,300 minimum fee
38 Specific Plan Preparation or Amendment	Billed per hour, plus external service provider costs, if any \$10,000 initial deposit collected \$7,900 minimum fee
39 Planned Unit Development or Precise Development	Billed per hour, plus external service provider costs, if any \$10,000 initial deposit collected \$7,900 minimum fee
40 Zone Amendment	Billed per hour, plus external service provider costs, if any \$5,000 initial deposit collected \$1,500 minimum fee
41 Appeal	\$200 base fee

**FOR OFFICE USE ONLY**

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

**FEE SUMMARY**

**APPLICATION TYPE**

**BASE FEE**

**DEPOSIT**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL**

_____	_____
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**AMOUNT DUE:** \_\_\_\_\_

**STAFF INITIAL & DATE:** \_\_\_\_\_