



County of San Diego, Planning & Development Services
ZONING VERIFICATION PERMIT - MINISTERIAL
METEOROLOGICAL TESTING (MET) FACILITY
 ZONING DIVISION

Please complete the following form and submit in conjunction with your Building Permit Application (PDS Form 291). A Meteorological Testing (MET) Facility that complies with the height designator of zone in which it is located is required to obtain a Zoning Verification Permit to verify compliance with Section 6123.I of the County Zoning Ordinance prior to the issuance of a Building Permit.

Assessor's Parcel No (APN): _____

Owner's Name: _____ (If different from owner) Owner's Phone: _____

Owner's Address: _____
Number Street City State Zip

Owner's email: _____ Owner's Fax: _____

Applicant's Name: _____ (If different from owner) Applicant's Phone: _____

Applicant's Address: _____
Number Street City State Zip

Applicant's email: _____ Applicant's Fax: _____

Project Contact Person: _____ Phone: _____

Address: _____
Number Street City State Zip

Project Contact's email: _____ Project Contact's Fax: _____

Project Information

Project Name: _____

Project Address & Nearest Cross Street: _____

Are any MET Facilities currently located onsite? YES NO If yes, please provide a description of the MET Facility and height:

How many new MET facilities are proposed? _____ Please provide a description of the MET Facility and height:

Your application and plans will be "speaking" for you, so it is important that your project is described in complete detail. Please provide any other information you believe is relevant to the processing of your project.

I declare under penalty of perjury under the laws of the State of California that the statements made as part of this application are true and correct. I hereby agree to provide the indemnification as required by Chapter 2 of Division 6 of Title 8 of the San Diego County Code.

NOTE: If Agent signs below, attach Letter of Authorization.

----- OFFICIAL USE ONLY -----

 Signature of Owner or Authorized Agent

 Print Signator's Name Date



FOR DEPARTMENT USE ONLY

General Plan Designation Existing Proposed
 _____ _____ _____

Regional Category _____ _____

<p>For Administrative Permits and Use Permits</p> <p>Describe use:</p> <p>_____</p> <p>_____</p>

ZONE		
USE REGULATIONS		
ANIMAL REGULATIONS		
DEVELOPMENT REGULATIONS	Density	
	Lot Size	
	Building Type	
	Maximum Floor Area	
	Floor Area Ratio	
	Height	
	Lot Coverage	
	Setback	
Open Space		
SPECIAL AREA REGULATIONS		

Thomas Guide (Page / Grid) _____

Tax Rate Area _____

Total Acres _____ No. of lots _____

Planning Group _____

Community Plan _____

Supervisor District _____

Within: Rural Village Boundaries? YES NO Village Boundaries? YES NO Special Study Area? YES NO

Project is within a Specific Plan? If yes, name of Specific Plan _____

Project is subject to the County Groundwater Ordinance? YES NO FP-2 YES NO

Project is within 1/2 mile of a Regional Park? YES NO

Project is within 1 mile of a Highway?

Project is within 1 mile of a City? If yes, name of City _____

Project is proposed for Septic?

Project is proposed for Sewer?

Project is a Violation Case?

Military Notice is required?

Project is within 150' of the International Border?

If yes, please notify local Office of Immigration and Naturalization. See Board of Supervisor's Policy I-111.

If the subject parcel was created through a PM or B/C, have you verified that all Covenants of Improvement have been satisfied? YES NO ***IF NO, DO NOT ACCEPT THE APPLICATION.***

Is there a different owner of mineral rights than the owner of real property? YES NO

If yes, identify name and address: _____

Technician Initials: _____ Date: _____ Technician's comments: _____
