



County of San Diego, Planning & Development Services
**SPECIFIC PLAN AMENDMENT
 APPLICATION**
 ZONING DIVISION

Please review SP/SPA coversheet for submittal requirements (links below).

http://www.sandiegocounty.gov/content/dam/sdc/pds/zoning/formfields/PDS-PLN-ESUB_SP_APP.pdf

http://www.sandiegocounty.gov/content/dam/sdc/pds/zoning/formfields/PDS-PLN-ESUB_SPA.pdf

This application is to amend Specific Plan _____

As Approved/Adopted _____

This Specific Plan is known as: _____

PART A – APPLICANT

Name _____ Phone _____

Firm _____

Mailing Address _____

PART B – PROPERTY OWNER

Name (Firm, Individual or Corporation) _____

Mailing Address _____

Phone _____

PART C – BRIEF DESCRIPTION OF REQUESTED CHANGE:

DEPARTMENT USE ONLY

SPA NO. _____ DEPOSIT PAID _____

EIR FEES PAID _____ WORK AUTH NO. _____

ACCEPTED BY: _____ ACCEPTANCE DATE _____

----- County Use Only -----

5510 OVERLAND AVE, SUITE 110, SAN DIEGO, CA 92123

For any questions, please email us at: PDSZoningPermitCounter@sdcounty.ca.gov

<http://www.sdcounty.ca.gov/pds>



County of San Diego, PDS, Zoning Division
SPECIFIC PLAN AMENDMENT APPLICATION

Continued

PART D – APPLICANT’S AGENTS

Name _____ Phone _____

Firm _____ Title _____

Mailing Address _____

Name _____ Phone _____

Firm _____ Title _____

Mailing Address _____

Name _____ Phone _____

Firm _____ Title _____

Mailing Address _____

PART E – GENERAL INFORMATION

School District(s) _____

Sanitation/Sewer District _____

Water District _____

Fire District _____

Thomas Guide Map: Page and Grid _____

PART F – APPLICATION TO INCLUDE:

1. Written justification for the requested amendment including a revised Specific Plan Text (if appropriate).
2. Revised Specific Plan Map.
3. A list of the property owners if in other than single ownership.
4. A list of all property owners and addresses within a certain designated distance. Please see table on Specific Plan Coversheet for more details.

Applicant's Signature

Date