

City of Temple City
Environmental Information Form
(To Be Completed By Applicant)



Date Filed: _____

Received By: _____

General Information

1. Developer (property owner) information:

Name: _____
Address: _____
City, State: _____
Phone Number: _____

2. Project Information:

Address: _____
City, State: _____
Assessor's Parcel
Number (APN or AIN): _____

3. Contact Person:

Name: _____
Address: _____
City, State: _____
Phone Number: _____

4. Application Number (Conditional Use Permit (CUP), Zone Variance (ZV), General Plan Amendment, Zone Change, Residential Plan Development (RPD), etc.):

5. List and describe any other related permits and other public approvals required for this project, including those required by city, regional, state and federal agencies:

6. Existing zoning district: _____

7. Proposed use of site (project for which this form is being filed): _____

Project Description

8. Lot Size: _____

9. Square footage: _____

10. Number of floors of construction: _____

11. Amount of off-street parking provided: _____

12. Attach plans: _____

13. Proposed scheduling: _____

14. Associated project: _____

15. Anticipated incremental development: _____

16. If residential, include the number of units, schedule of unit sizes, range of sale prices or rents, and type of household size expected:

Unit #	Size in square feet	Range of prices	Type of household size

If more units, please attach additional paper work

17. If commercial, indicate the type, whether neighborhood, city or regional oriented, square footage of sales area, and loading facilities:

Unit #	Size in square feet	Type of store	Loading facilities

If more units, please attach additional paper work

18. If industrial, indicate type, estimated employment per shift and loading facilities:

Unit #	Type of business	Number of employees	Loading facilities

If more units, please attach additional paper work

19. If institutional, indicate the major function, estimated employment per shift, estimated occupancy, loading facilities and community benefits to be derived from the project.

Major function	Number of employees	Estimated occupancy	Loading facilities	Community benefits

If more units, please attach additional paper work

20. If the project involves a zone variance, conditional use permit or rezoning application, state this and indicate clearly why the application is required

Application	Why is it required

If more units, please attach additional paper work

Are the following items applicable to the project or its effects? Discuss below all items checked yes (attach additional sheets as necessary).

- | | <u>Yes</u> | <u>No</u> |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 21. Change in existing features of any bays, tideland, beaches, lakes or hills, or substantial alternation or ground contours | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Change in scenic views or vistas from existing residential areas or public lands or roads | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Change in pattern, scale or character of general area of project. | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Significant amounts of solid waste or litter. | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Change in dust, ash, smoke, fumes or odors in vicinity | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Change in oceans, bay, lake, stream or ground water quality or quantity, or alteration of existing drainage patterns. | <input type="checkbox"/> | <input type="checkbox"/> |

34. Describe the surrounding properties, including information on plants and animals and any cultural historical or scenic aspects. Indicate the type of land use (resident¹⁴ commercial etc.), intensity of land use (one-family, apartment houses, shops, department stores, etc.), and scale of development (height, frontage, setback, rear yard, etc.). Attach photographs of the vicinity. Photographs or digital photographs on a CD or DVD will be accepted. _____

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.

Date: _____

Signature: _____

Print name: _____

For: _____