



PLANNING SERVICE REQUEST

CITY OF ROLLING HILLS ESTATES
4045 Palos Verdes Drive North
Rolling Hills Estates, CA 90274
Phone-310.377.1577 Fax 310.377.4468
www.RollingHillsEstates-Ca.gov

PROJECT ADDRESS _____
NAME OF APPLICANT _____
LOT NO. _____ TRACT NO. _____ A.P.N. _____
PROJECT DESCRIPTION _____

REQUEST _____ NEIGHBORHOOD COMPATIBILITY DETERMINATION (**\$1,600**)
_____ VARIANCE (**\$1,600**) * _____ MINOR DEVIATION (**\$1,100**)
_____ CONDITIONAL USE PERMIT (**\$1,600**) _____ SPECIAL USE PERMIT (**\$1,600**)
_____ PRECISE PLAN OF DESIGN (*fee varies*) _____ GRADING (*fee varies*) *
_____ RADIUS MAP (**\$400**) (*does not apply for fee reduction under multiple applications*)
_____ AMENDMENT TO PREVIOUSLY APPROVED APPLICATION (*fee varies*)
_____ OTHER _____

NOTE: FOR MULTIPLE APPLICATIONS, COST OF MOST EXPENSIVE APPLICATION;
ADDITIONAL APPLICATIONS HALF-COST.

* A supplemental application is required for this entitlement.

PRIMARY CONTACT PERSON TO WHOM ALL CORRESPONDENCE WILL BE SENT. TO BE FILLED IN EVEN IF SAME AS APPLICANT	
NAME _____	
COMPANY NAME _____	
ADDRESS _____	
CITY _____	ZIP _____
DAY PHONE _____	FAX _____
EMAIL _____	

PROPERTY OWNER INFORMATION

NAME _____
ADDRESS _____ CITY/ZIP _____
DAY PHONE _____ FAX _____ EMAIL _____

x _____
SIGNATURE OF PROPERTY OWNER OR AUTHORIZED AGENT DATE

<i>THIS BOX FOR OFFICE USE ONLY.</i>	
HOA _____	ENVIRON. ASSESSMENT _____
FEE \$ _____	DATE PAID _____
CASE PLANNER _____	