



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 **(\$300)** *(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 _____