



SUZANNE ELLEDGE

PLANNING & PERMITTING
SERVICES, INC.

TRANSMITTAL

DATE: 6 January 2016

TO: Ms. Stephanie Swanson
County of Santa Barbara
Planning and Development
123 Anapamu St.
Santa Barbara CA 93101

SUBJECT: All Saints LUP Submittal – Follow up to 15SCD-00000-00053

ENCLOSED HERewith IS THE FOLLOWING ADDITIONAL MATERIALS:

- One (1) Complete LUP Application
- Two (2) Full Size Project Plans
- One (1) Agreement to Pay
- One (1) Agent Authorization
- One (1) Copy of SCD Determination Letter dated January 5, 2016
- One (1) Check in the amount of \$1,136.60 (FIXED fee)

MAIL () OVERNIGHT () BY-HAND (X) PICK-UP ()

(X) For your review and processing

COMMENTS: Should you have any questions or require additional information, please do not hesitate to contact me at 966-2758 x15 or via email at maruja@sepps.com. Thank you.

Sincerely,
SUZANNE ELLEDGE
PLANNING & PERMITTING SERVICES, INC.



Maruja Clensay
Associate Planner



PROJECT NUMBER:
 APN:
 ADDRESS:

PLANNING & DEVELOPMENT LAND USE, COASTAL DEVELOPMENT, BUILDING PERMIT AND ZONING CLEARANCE APPLICATION

TYPE OF WORK: (Check all that apply)
 New Structure Addition Ext. Alter. Int. Remodel Change of Use Demo Move Exempt. Sign
 Grading Retaining Wall Stockpiling Electrical Plumbing Mechanical Other: _____

SITE ADDRESS: 84 Eucalyptus Lane, Montecito **Town:** _____
Assessor Parcel No.(s): 009-332-011 **Zone District** _____
Parcel Size: _____ **(Gross)** 0.81 **(Net) Tract No.:** _____ **Lot No.:** _____
Recorded Map Date: _____
Estimated work value \$ _____ **Did you have a Planner Consultation?** No Yes
 Stephanie Swanson is our assigned planner with the SCD.

- 1. Financially Responsible Person:** Thomas H. Mack - Senior Warden for All Saints-by-the-Sea **Phone:** 805-962-9590
(for this project)
Mailing Address: 83 Eucalyptus Lane, Montecito CA 93108
 Street City State Zip
- 2. Owner:** Same as above **Phone:** _____ **FAX:** _____
Mailing Address: _____ **E-mail:** _____
 Street City State Zip
- 3. Agent:** Suzanne Elledge - SEPPS Inc. **Phone:** 805-966-2758 x14 **FAX:** 966-2759
Mailing Address: 1625 State St. Suite 1, Santa Barbara CA 93101 **E-mail:** suzanne@sepps.com
 Street City State Zip
- 4. Arch./Designer:** Bob Easton **Phone:** 969-5051 **FAX:** _____
Mailing Address: 1505 East Valley Rd., Suite E, Montecito CA 93108
 Street City State Zip
State License No.: _____ **E-mail:** _____
- 5. Engineer/Surveyor:** _____ **Phone:** _____ **FAX:** _____
Mailing Address: _____
 Street City State Zip
State License/Registration No.: _____ **E-mail:** _____
- 6. Contractor:** _____ **Phone:** _____ **FAX:** _____
Mailing Address: _____
 Street City State Zip
State License No.: _____ **E-mail:** _____

Please circle primary contact

PROJECT INFORMATION
Applicant to complete Project Description and Sections A and B

PROJECT DESCRIPTION SUMMARY (a description of all work that will commence under this application): _____

Follow up Land Use Permit to effectuate 15SCD-00000-00053 (Bell tower replacement)

Does proposed / existing buildings have Fire Sprinklers Yes No

SECTION A - PARCEL INFORMATION: (Check each that applies. Fill in all blanks or indicate "N/A")

Bell tower is approximately 32' tall with a footprint/foundation of 19' 6" x 21' 1.5"

- **Existing Use:** Agric. SFD Duplex Multi-Family Retail Commercial Office Indus Vacant
- **Proposed Use:** Agric SFD Duplex Multi-Family Retail Commercial Office Indus
- **Existing:** No. of Buildings _____ Gross Floor Area _____ Age of Oldest Struct. _____ No. Res. Units _____
- **Proposed:** No. of Buildings _____ Gross Floor Area _____ No. Res. Units _____
- **Impervious Surfaces** (sq. ft.): Existing _____ Proposed _____
(If new or replaced impervious >2,500 sq. ft., a Stormwater Control Plan must be submitted with application)
- **Landscape (sq. ft.)** Existing: _____ New: _____ Renovated: _____ Nonirrigated _____
- **Parking Spaces:** No. Existing _____ No. Proposed _____ Total _____ No. Handicapped _____
- **Utilities:** **Water:** public private **Sewer Disposal:** public private **Gas:** Natural Gas LPG
- **Grading (cu. yd.):** Cut _____ Fill _____ Import _____ Export _____ Total _____
- **Total Area Disturbed** (sq. ft./acres): _____
- **Max % Slope:** Parcel _____ Work site _____ **Max Height:** Cut/fill combined slope _____ Retaining wall _____
- **Tree removal:** No Yes No. _____ **Vegetation removal:** No Yes Sq. Ft./acres: _____
- **Parcel Within Agricultural Preserve Contract:** No Yes Preserve Number: _____
- **Parcel Located Within Special Problems Area:** Yes No Description: _____
- **Is exterior lighting proposed:** Yes No If yes, please submit the following information: 1) show location of outdoor lighting, 2) plans and description should include lamp and bulb type, wattage, beam angle, and shielding, 3) Manufacturer's catalog cuts and drawings. _____

• **Parcel Validity¹:** Not applicable.

The lot is created by a recorded Parcel or Final Map approved by the County. Map # _____ or

The lot is described on a recorded Certificate of Compliance or Conditional Certificate of Compliance. CC# _____ or

The lot resulted from a Lot Line Adjustment approved by the County. LLA # _____ or

The lot was created by a recorded Reversion to Acreage approved by the County. Surveyor's reference # _____ or

The lot was created by a recorded Voluntary Merger approved by the County. Surveyor's reference # _____ or

The lot is shown on a Lot Split Plat approved by the County pursuant to Ordinance No. 791 as amended.

¹ Evidence that the project site is a legal parcel must be provided with the application on an undeveloped lot. If it is determined your lot is a fraction lot that is substandard in size, you may not be eligible for a development permit.

SECTION B – PHYSICAL CHARACTERISTICS:

Yes, No, Unknown

- Hillside/Ridgeline and/or Slope \geq 20% on the Lot
- Creeks, Ponds, Drainage Courses, or Water Bodies on Site
or Within 100' of Parcel
- Oak or Riparian Habitat on Parcel or within 100' Feet
- Removal of any Oak, Native or Specimen Tree

NOTE: IF ANY OF THE BOXES IN THIS SECTION ARE MARKED 'YES', YOUR CASE MAY BE SUBJECT TO CONSTRAINED LOT REVIEW. A DEPOSIT FEE IS REQUIRED FOR THESE PROJECTS.

BUILDING PERMIT APPLICATIONS EXPIRE 365 DAYS FROM THE FILING DATE. APPLICATIONS FOR BUILDING PERMIT TO REMEDY A CODE ENFORCEMENT VIOLATION EXPIRES 180 DAYS FROM THE FILING DATE PER ORDINANCE 4871, SEC. 10-1.7.

CERTIFICATE OF ACCURACY AND COMPLETENESS

Must be signed by the landowner or authorized agent before a permit can be accepted for processing by the County of Santa Barbara

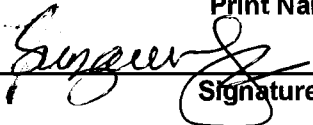
Signature authorizes County staff to enter the property described above for the purposes of inspection.

I hereby declare under penalty of perjury that the information contained in this application and all attached materials are correct, true and complete. I acknowledge and agree that the County of Santa Barbara is relying on the accuracy of this information and my representations in order to process this application and that any permits issued by the County may be rescinded if it is determined that the information and materials submitted are not true and correct. I further acknowledge that I may be liable for any costs associated with rescission of such permits.

Suzanne Elledge

Print Name

Circle One: Land Owner Agent


Signature

1/7/16

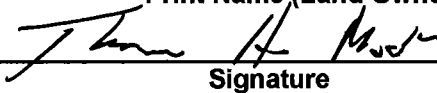
Date

And

I hereby authorize Suzanne Elledge to represent me before Santa Barbara County in all matters related to this application.

Thomas H. Mack, Senior Warden

Print Name (Land Owner)


Signature

12-11-15

Date

Or

Print Name (Licensed Contractor)

License Number

Signature

Date

I understand and agree that submission of plans for building/grading plan check for the above mentioned property is not a guarantee of approval and if the project is denied by the Planning & Development Department, my advance plan check fee of \$ _____ is non-refundable.

Applicant's Signature

Date



COUNTY OF SANTA BARBARA

Planning and Development

www.sbcountyplanning.org

AGREEMENT FOR PAYMENT OF PROCESSING FEES

County of Santa Barbara (hereinafter **COUNTY**) and Thomas H. Mack, Senior Warden, the Financially Responsible Party (hereinafter **FRP**)

AGREE AS FOLLOWS :

1. This Agreement is in reference to permit processing costs for case(s) associated with Project (*print project name and APN, if applicable*):

All Saints-by-the-Sea Church - SCD for Bell Tower Reconstruction (15SCD-00000-00053)

009-332-011

2. A security deposit or fixed fee will be collected at time of project submittal. Security deposit projects will receive monthly invoices to be paid within 25 days from invoice date. Upon completion of project review, any remaining security deposit will be refunded to the **FRP**. If a fixed fee project has unique characteristics or raises complex issues which would make the case more expensive to process, it will be converted to a monthly billing process, as detailed above. If it is necessary to utilize consultant services, a deposit to cover consultant costs will be requested from the **FRP** prior to execution of the contract with the consultant. If the **FRP** elects to utilize outside contractors to expedite permit processing, consultant costs plus indirect overhead will be charged on an hourly basis.
3. The **FRP** is responsible for payment of all permit processing costs associated with the cases listed above. If, during the course of processing, the financial responsibility changes, the new financially responsible party must complete an Agreement for Payment which will release the previous **FRP** from further financial obligations and designate the new **FRP**. The undersigned **FRP** remains financially responsible until a new **FRP** signs a separate Agreement for Payment.
4. For projects that receive a monthly billing, the **FRP** will receive from the **COUNTY** a P&D Project Cost Estimate Worksheet. This worksheet is informational. It is a good faith effort to provide the **FRP** with an estimate of project costs for the duration of permit processing. If unforeseen circumstances arise during permit processing which substantially increase the level of effort and estimated costs, **COUNTY** will send the **FRP** a revised worksheet.

Santa Barbara County Agreement for Payment Form

- 5. If an invoice is not paid within 25 days **COUNTY** may stop work and close the case.
- 6. **FRP** agrees to pay all fees applicable under the **COUNTY**'s fee schedule prior to approval and issuance of land use clearance, map clearance or clearance for record of survey, building permits and post discretionary case clearance. No clearances or permits will be issued without receipt of full payment for fees applicable under the **COUNTY**'s fee schedule, unless waived or adjusted by the Board of Supervisors upon showing of good cause. In a declared emergency or disaster, fees are deferred until final building clearance, and must be paid by the **FRP** prior to the granting of final building clearance.
- 7. If the **FRP** owes any amount due on any other processing case with the **COUNTY**, P&D will not accept any subsequent permit applications from the **FRP**, unless waived by the Director of the Department.

Executed this 11th day of December, 2015.

COUNTY OF SANTA BARBARA

FINANCIALLY RESPONSIBLE PARTY

By: _____
P&D Representative Signature

Thomas H. Mack 
FRP Signature

P&D Representative Name

Thomas H. Mack, Senior Warden

FRP Printed Name

83 Eucalyptus Lane

FRP Mailing Address

Montecito, CA 93108

City, State, ZIP

CHANGE IN FINANCIALLY RESPONSIBLE PARTY

If this document supersedes a previous Agreement for Payment, due to change in financial responsibility, the previous **FRP** must also sign to acknowledge release of responsibilities. Upon project completion, the security deposit balance (if any) will be refunded to the **FRP** on record at that time.

PREVIOUS FINANCIALLY RESPONSIBLE PARTY:

Print Name: _____

Signature: _____

Mailing Address: _____

City, State, ZIP: _____

Date of release
of financial responsibility: _____



COUNTY OF SANTA BARBARA

Planning and Development

www.sbcountyplanning.org

AUTHORIZATION OF AGENT

Please fill in the following form including signatures. All signatures must be completed. If one or more of these signatures are the same, simply re-sign.
Thank you.

I hereby authorize the following person to act as my agent for the property located at:

STREET ADDRESS 84 Eucalyptus Lane
CITY, STATE, ZIP CODE: Montecito, CA 93108
ASSESSOR'S PARCEL NUMBER: 009-332-011

OWNER:

NAME Thomas H. Mack, Senior Warden - All-Saints-by-the-Sea
STREET ADDRESS 83 Eucalyptus Lane
CITY, STATE, ZIP CODE: Montecito, CA 93108
DAYTIME PHONE _____

PRINT NAME Thomas H. Mack
SIGNATURE *Thomas H. Mack*
TITLE Senior Warden
(Property Owner, Partner, Corporation Officer, Specify Other)
DATE 12-11-15

AGENT:

NAME Suzanne Elledge
FIRM NAME (IF ANY) Suzanne Elledge Planning and Permitting Services, Inc.
STREET ADDRESS 1625 State St. Suite 1
CITY, STATE, ZIP CODE Santa Barbara CA 93101
DAYTIME PHONE 805-966-2758 x14

PRINT NAME Suzanne Elledge
SIGNATURE-AGENT *Suzanne Elledge*
DATE 1/7/16