

CITY OF SANTA BARBARA

Validation:

ZONING INFORMATION REPORT (ZIR) APPLICATION

U.S. MAIL DELIVERIES

CITY OF SANTA BARBARA - PLANNING DIVISION
P.O. BOX 1990, SANTA BARBARA, CA 93102-1990
(Check or Credit Card Only)**

PLANNING COUNTER

630 GARDEN STREET
(Check, Cash or Credit Card)**

FAX

Fax: (805) 564-5374
(Credit Card)**

PURSUANT TO SBMC §28.87.220.C, NO LATER THAN FIVE (5) DAYS AFTER ENTERING INTO AN "AGREEMENT OF SALE" OF ANY RESIDENTIAL PROPERTY, THE OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE SHALL MAKE APPLICATION TO THE CITY FOR A ZONING INFORMATION REPORT.

*** THE REQUIREMENT FOR A ZONING INSPECTION REPORT CANNOT BE WAIVED BY ANY PARTY. ***

DATE: _____ NUMBER OF UNITS: _____ APN: _____ CONDO:

ADDRESS OF PROPERTY: _____ UNIT# _____ S.B., CA _____ (ZIP)

In accordance with the City of Santa Barbara Municipal Code Section §28.87.220, I hereby make application for a Zoning Information Report on the above described property. Zoning Ordinance violations discovered as a result of this report will become a matter of record and shall be promptly corrected. Any claimed nonconforming buildings or uses that are not verified by City records shall be the responsibility of the owner to justify. This report is to be furnished to the buyer or buyer's authorized representative no later than three (3) days prior to consummation of the Transfer of Title. Proof of receipt of a copy of the report shall be obtained by the owner, or the owner's authorized agent (on the receipt form provided with the report), prior to consummation of the Transfer of Title. Such receipt shall be returned to the Planning Division at the above address no later than consummation of Transfer of Title.

INDICATE BELOW WITH WHOM A PROPERTY INSPECTION CAN BE MADE.

PROPERTY OWNER (PRINT) SIGNATURE TELEPHONE NUMBER

AUTHORIZED AGENT (PRINT) SIGNATURE TELEPHONE NUMBER

REPORTS WILL BE E-MAILED UNLESS NOTIFIED OTHERWISE

E-MAIL ADDRESS

DATE ENTERED INTO AGREEMENT OF SALE: _____ DATE ESCROW CLOSES: _____

THE CITY RECOMMENDS THAT PROPERTY OWNERS APPLY FOR A ZIR ON THEIR PROPERTY AS SOON AS IT IS LISTED FOR SALE.

THE FOLLOWING FEES ARE CURRENT AS OF JULY 1, 2016 THROUGH JUNE 30, 2017:

- One Unit (except condos) = \$465 ➤ 1-3 Additional Units = \$60 each ➤ 5-15 Units = \$800 ➤ >= 16 Units = \$935 ➤ Condos = \$330
- Condominiums Zoning Information Reports are optional for condominiums.
- Escrows Instructions Req'd If the close of escrow date is 25 days or less from the date the ZIR application is received; valid escrow instructions are required with the application.
- Expedited ZIR Twice the applicable fee will be charged if the date of application receipt by our office and the close of escrow date is 14 days or less (escrows of 14 days or shorter, substantiated by valid escrow instructions, are exempt from the double fee). Allow at least five working days for completion of Expedited ZIRs.
- Extension of a Valid ZIR Half of the applicable fee. Allow adequate time for a re-inspection to occur prior to the expiration of the current ZIR.
- Re-inspection Fee = \$185 Failure of the owner or agent to be present at the time scheduled for inspection, or failure to provide full access to property, shall result in the assessment of the Re-inspection Fee.
- **PLEASE NOTE
 - Only ONE form of payment may be accepted per transaction. (Example: only 1 check, only 1 credit card account, OR only cash.) Multiple or combinations of checks, credit cards or checks cannot be processed.
 - The credit card holder must be present to complete the credit card transaction.
 - Mailed submittals must include a check or credit card payment. Mailed submittals are typically entered into the City's processing system within 24 hours of receipt on regular workdays (this does not include holiday and weekend submittals).

Inspection Date/Time _____ ZIR APPLICATION NUMBER: ZIR20 _____

M - T - W - TH - F _____ / _____ / _____ at _____: _____ TOTAL FEE: \$ _____

\\Comdevsvr\comdev\Group Folders\PLAN\Handouts\Official_Handouts\Zoning\ZIR Application 2016-07-01.docx Original 6/29/2015 4:36:00 PM Revised 6/30/2016 5:55:00 PM

(Cashier to detach along dotted line)

CARD TYPE (CHECK ONE): VISA MASTERCARD DISCOVER TOTAL ZIR FEE: \$ _____

CARD HOLDER INFORMATION

NAME (AS PRINTED ON CARD): _____

BILLING ADDRESS: _____
(Street) (City) (State) (Zip Code)

PHONE NUMBER: _____

ACCOUNT NUMBER: _____

CARD EXPIRATION DATE: _____ CARD VERIFICATION CODE: _____

CARD HOLDER SIGNATURE HERE: _____ DATE: _____

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the card issues.