

## **PROJECT INFORMATION QUESTIONNAIRE**

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**PLANNING DIVISION  
214 SOUTH C STREET, OXNARD, CA 93030  
(805) 385-7858  
FAX: (805) 385-7417**

# PROJECT INFORMATION QUESTIONNAIRE

## General Information

1. Applicant (name, address, e-mail, phone, fax):

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Project Location (address and cross streets):

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3. Project Name (if any):

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4. Types of permits and/or applications being applied for at this time:

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5. Previous permits and/or land divisions approved for this site:

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6. Has a soils exploration, market study, traffic study, parking study or other report been prepared which would aid in the evaluation of this project? If so, list here and attach:

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7. Is this a modification or renewal of a previously approved project? If yes, list permit number here. If renewal, how long is renewal time period?

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If yes, have changes been made in the plans? \_\_\_\_\_

## Project Description

1. Proposed use of site: \_\_\_\_\_

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2. Size of site (acreage and square feet): \_\_\_\_\_

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3. Number and type of structures or units to be constructed: \_\_\_\_\_

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4. Total square footage of each structure(s) \_\_\_\_\_  
 \_\_\_\_\_
5. Height and number of stories of proposed structures: \_\_\_\_\_  
 \_\_\_\_\_
- (If more than one building, attach a table with the information in questions 3, 4 & 5.)
6. Percentage of land coverage, by type, for total site:
- a. Building \_\_\_\_\_
  - b. Paving \_\_\_\_\_
  - c. Interior Yard Space \_\_\_\_\_
  - d. Landscape Areas \_\_\_\_\_
  - e. Other \_\_\_\_\_
7. Project phasing and anticipated time schedules (including phasing map):  
 \_\_\_\_\_  
 \_\_\_\_\_

**Existing Conditions**

1. Existing land use: \_\_\_\_\_  
 Existing zoning: \_\_\_\_\_
2. Adjacent zoning and land uses:
- North: \_\_\_\_\_
  - South: \_\_\_\_\_
  - East: \_\_\_\_\_
  - West: \_\_\_\_\_
3. Describe any special characteristics of the soil, topography, native trees, wildlife habitats, historic or aesthetic aspects of the site: (Attach separate sheet if necessary.)  
 \_\_\_\_\_  
 \_\_\_\_\_
- a. Does the site include more than one existing parcel? If so, how many? \_\_\_\_\_
  - b. Will the project require subdivision? \_\_\_\_\_
  - c. What is the existing tract or parcel map number? \_\_\_\_\_
  - d. To what depth will the site be excavated? \_\_\_\_\_

4. From what source does the property currently receive the following public services (identify by district name and number, if applicable):

Water \_\_\_\_\_

Sewer \_\_\_\_\_

Fire Protection \_\_\_\_\_

Police Protection \_\_\_\_\_

Flood Control \_\_\_\_\_

Refuse/Recycling \_\_\_\_\_

Schools \_\_\_\_\_

### Questions Pertaining to All Projects

Are any of the following effects pertaining to land use or land form applicable to the project?

Please elaborate on any items checked "Yes" (Attach separate sheets to explain answers.)

- |     | Yes                      | No                       |   |
|-----|--------------------------|--------------------------|---|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | Change in the pattern, scale, or character of the general project vicinity?                                       |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | Will there be any change in scenic views or vistas from any existing residential areas, public land or roads?     |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Is the project within the Coastal Zone?   |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Will there be a change in existing features of any canal, stream, tideland, beach or sand dune area?              |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Will there be any alteration of existing ground contours?   |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Will there be any alteration of existing drainage patterns?   |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Is the site on filled land?   |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Has the site been used for agricultural production in the past five years?  |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Will there be a substantial change in demand for municipal services (police, fire, water, sewage, etc.)?          |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Will the project require substantial quantities of fossil fuel consumption (electricity, oil, natural gas, etc.)? |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Is there a relationship to a larger project or series of projects?  |

**Questions for Residential Projects (and mixed use projects with residences)**

1. Indicate the number of units by bedroom count and the range of sales prices or rents for each unit type.

<i>Unit/Model Type</i>	<i>No. of Units</i>	<i>No. of Bedrooms</i>	<i>Price/Rent</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Total number of off-street parking spaces: \_\_\_\_\_  
 Garage: \_\_\_\_\_ Open (uncovered): \_\_\_\_\_  
 Residents: \_\_\_\_\_ Visitors: \_\_\_\_\_
3. Describe special features of the project, if any (design, site plan, recreation facilities, etc.). Attach additional sheets, if necessary:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Questions for Commercial and Industrial Projects**

1. Types of business activities or use to be accommodated:  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Hours of operation: \_\_\_\_\_
3. Estimated number of employees per shift and number of shifts: \_\_\_\_\_  
 Total number of employees: \_\_\_\_\_
4. Number of off-street (on-site) parking spaces to be provided: \_\_\_\_\_  
 \_\_\_\_\_
5. Proposed occupant load (e.g., customers, employees, etc.) and type of building occupancy:  
 \_\_\_\_\_  
 Loading facilities to be provided ( number and type): \_\_\_\_\_  
 \_\_\_\_\_

6. Will any of the following effects occur if the project is constructed? Please elaborate (on additional pages) on items checked "Yes."

- |    | <b>Yes</b>               | <b>No</b>                |  |
|----|--------------------------|--------------------------|--|
| a. | <input type="checkbox"/> | <input type="checkbox"/> | Use or disposal of potentially hazardous materials, toxic substances, flammable, or explosives |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Creation of dust, ash, smoke, fumes or odors   |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial or unusual demands for fossil fuels or electricity                                 |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial demand for municipal service (police, fire, water, sewage, etc.)                   |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Creation of significant amount of solid waste or litter  |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Noise generation   |

7. Provide the following information on a separate sheet of paper:
- a. List all raw materials used, stored, transported or otherwise handled, including hazardous materials, solvents and catalysts.
  - b. List all products provided, stored, manufactured, generated or otherwise handled, including waste, hazardous waste products and other byproducts.
  - c. Describe the manufacturing processes, including the sizes and types of machinery used, and utilization of heat, microwaves, electrolysis, extreme pressures or liquefied gases.
  - d. Describe the method of delivery, handling and disposal of raw materials, finished projects, wastes and hazardous wastes.

**List proposed actions and features of the project that will minimize environmental impacts (e.g., noise, air pollution, water and energy conservation, etc.)** (Attach separate pages if necessary.)

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**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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Company/Firm