PROJECT INFORMATION QUESTIONNAIRE

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):
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   Phone: ____________________   Fax: _________________________

2. Project Location (address and cross streets):
   __________________________________________________________
   __________________________________________________________

3. Project Name (if any):
   __________________________________________________________
   __________________________________________________________

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

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

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:
   __________________________________________________________

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?
   __________________________________________________________
   If yes, have changes been made in the plans? ____________________________

Project Description

1. Proposed use of site: ___________________________________________
   __________________________________________________________

2. Size of site (acreage and square feet): ___________________________
   __________________________________________________________

3. Number and type of structures or units to be constructed: ___________
   __________________________________________________________
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.)

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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.

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<tr>
<th>Unit/Model Type</th>
<th>No. of Units</th>
<th>No. of Bedrooms</th>
<th>Price/Rent</th>
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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.”

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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.)

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

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 ___________________________