



Discretionary Permit Intake Request Form

Today's Date: _____

Applicant Name: _____

Property Owner Name(s): _____

Parcel Number: _____

Site Address: _____

ePlan Project Name: _____

Email used for ePlan upload: _____

Name of ePlan Account Holder: _____

- Application Requested: **Project Review Consultation** (pre-application review by planning only).
- Development Review Group** (pre-application review by all agencies).
- Site Development/Use Permit** (Coastal Development Permit, Variance, Use Approval etc.)*
- Other** (Lot Legality, Lot Line Adjustments, Rural Matrix Studies, Report Reviews etc.)*

* Specific Permit/ Review Type: _____

Brief Project Description: _____

Please email the Request Form to the electronic discretionary permit intake team at: Discretionary.ePlanReview@santacruzcountyca.gov. You will receive a response within two business days to inform you of your electronic submittal date.