



City of Malibu

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PLANNING DEPARTMENT MEMORANDUM SUBMITTAL OF REVISED PLANS

PLANNER: _____ **DATE:** _____

PROJECT ADDRESS: _____ **PROJECT No.:** _____

PROJECT DESCRIPTION: _____

PROJECT REVISION: _____

Planner Comments: _____

The Planning Department has implemented a policy to assist staff in receiving revised plans and routing them to appropriate departments.

Please see applicable departments to circle appropriately PRIOR to submitting to Planning. A set of plans will be required for every department that circles "yes" to needs review.

	Needs review		Amount			
	Yes	No	Additional Fees?	_____	None	Initial: _____ Date: _____
Planning			Additional Fees?	_____	None	Initial: _____ Date: _____
Additional Comments: _____						
Geology			Additional Fees?	_____	None	Initial: _____ Date: _____
Env. Health			Additional Fees?	_____	None	Initial: _____ Date: _____
Pub Works			Additional Fees?	_____	None	Initial: _____ Date: _____
Biology			Additional Fees?	_____	None	Initial: _____ Date: _____
Coastal Eng.			Additional Fees?	_____	None	Initial: _____ Date: _____
Code Violation			Additional Fees?	_____	None	Initial: _____ Date: _____

1. Applicants may need to make an appointment to resubmit. Please contact the Planning Technician at the public counter to determine if an appointment is necessary.
2. A Plan Revision Fee from Planning will be required for all substantial applicant-initiated changes.

Staff Use Only

Cash
 Check # _____
 Credit Card-Auth. Code: _____
 Total Fees Paid: \$ _____

Received By: _____
 Date Received: _____