



**CITY OF BRISBANE**  
 Community Development Department  
 50 Park Place  
 Brisbane, CA 94005  
 (415) 508-2120

## ENVIRONMENTAL INFORMATION FORM

*(To be completed by applicant. Incomplete forms will be returned to applicant and will not be processed.)*

**PLEASE SUBMIT THIS FORM WITH YOUR PLANNING APPLICATION AS A PDF.**

### I. General Information

1. Applicant Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

2. Project Address: \_\_\_\_\_

3. Assessor's Parcel Number: \_\_\_\_\_

4. Property Owner Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

5. All planning permit applications applicable to the project: \_\_\_\_\_

\_\_\_\_\_

6. Other related permits and approvals required, including those required by city, regional, state, and federal agencies: \_\_\_\_\_

\_\_\_\_\_

7. Existing zoning district(s) [For projects within multiple districts, list district by APN]: \_\_\_\_\_

\_\_\_\_\_

8. Adjacent uses: \_\_\_\_\_

9. Proposed use of site (project for which this form is filed): \_\_\_\_\_

\_\_\_\_\_

### II. Project Description

Attach project plans and all associated supporting documents and materials per the applicable application checklists.

1. Site area (sq. ft.): \_\_\_\_\_

2. Square footage of proposed floor area: \_\_\_\_\_
3. Building height and number of floors: \_\_\_\_\_
4. Proposed number of off-street parking spaces: \_\_\_\_\_
5. Site slope (calculated per BMC §17.02.730) [note any cross slope or other variation in slope]: \_\_\_\_\_  
\_\_\_\_\_
6. Volume of grading (cubic yards) as cut/fill: \_\_\_\_\_  

Cubic yds of cut	Cubic yds of fill	Total cubic yds
Cubic yds of export	Cubic yds of import	
7. Area of impervious surface coverage (Includes all impermeable paved areas and building and/or structure footprints.) Existing: \_\_\_\_\_ Proposed: \_\_\_\_\_

8. For residential projects:

<b>Number of units:</b>	
<b>For sale or for rent:</b>	
<b>Unit Sizes (attach supplemental sheets if necessary):</b>	
<b>Household size(s) anticipated:</b>	
<b>Range of anticipated sales prices or rents:</b>	

9. For commercial projects:

	Type	Square Footage	Employees per Shift	Estimated Occupancy
	<b>Freight Forwarding:</b>			
	<b>Industrial (specify type):</b>			
	<b>Institutional (specify type):</b>			
	<b>Manufacturing/fabrication:</b>			
	<b>Office:</b>			
	<b>Research &amp; development/ life sciences:</b>			
	<b>Restaurant:</b>			
	<b>Retail:</b>			
	<b>Warehousing:</b>			
	<b>Other:</b>			

10. Proposed construction phasing and anticipated timeline: \_\_\_\_\_  
\_\_\_\_\_
11. If the project involves a variance, conditional use, or rezoning application, state this and indicate clearly why the application is required, attach a statement of written findings per the appropriate application checklist(s).

**III. 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 and belief.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title