



CITY of CALABASAS

PUBLIC WORKS DEPARTMENT  
 Environmental Services Division  
 26135 Mureau Road  
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 www.cityofcalabasas.com/environment.html

## Environmental Mitigation Plans Checklist

This checklist is a preliminary assessment of the project's impact on storm waters, prevention plans to mitigate urban runoff and prevent pollution discharge during and after construction. This checklist partially fulfills provisions of Calabasas Municipal Code Chapters 8.28, 17.52 and 17.54.

<b>PROPERTY LOCATION (print or type)</b>			
Property Address:		Zip Code :	
Assessor's Parcel No(s):	- -	Cross Streets:	
<b>GENERAL INFORMATION</b>			
Property Owner:			
Address:			
City:	State:	Zip Code:	
Phone:	Cell / Other Phone:		
<b>ENGINEER / APPLICANT INFORMATION</b>			
Engineer / Applicant:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:		
<b>DESCRIPTION OF PROJECT:</b>			

### Certification

I hereby certify that the statements furnished in this application 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. In addition, I understand that the filing of this application grants the City of Calabasas permission to reproduce submitted materials, including but not limited to, plans, exhibits, and photographs, for distribution to staff, Commission, Board, and City Council Members, and other Agencies in order to process the application, and to make those materials available to the public on the City of Calabasas' web site and CTV, notwithstanding Health & Safety Code § 19851 or any other provision of law. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits and photographs for any purpose unrelated to the City's consideration of this application.

Applicant / Engineer Signature	Name ( <i>print or type</i> ): Date:
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### To be completed by Environmental Services Division staff

Environmental Services Division Staff Determination	Part A:	File I.D.:
	Part B:	Case Manager:
Staff Name	Date:	
Follow-Up(s)		