



COSUMNES COMMUNITY SERVICES DISTRICT

Entitlement Review Application

Entitlement reviews of parks, trails, and landscape corridors improvement plans.

Instructions:

Please complete and submit this form with \$500.00 deposit via mail:

Cosumnes CSD

Attn: Chief of Planning, Design & Construction

8820 Elk Grove Blvd., Elk Grove, CA 95624

Electronically to:

ParkDevelopment@csdparks.com

For a complete list of fees, please visit:

<https://www.yourcsd.com/DocumentCenter/View/21976/2021-Cosumnes-CSD-Book-of-Fees-PDF>

Project Name: _____
City of Elk Grove Planning #: _____
Landscaped Area Size (in acres): _____

Applicant/Contact:

Name _____

Company: _____

Address: _____

City: _____ ZIP _____

Telephone (Day): (____) _____

Check the Appropriate Type(s) of Plan Check

Development Agreements and Entitlement reviews of parks, trails, and landscape corridors is performed by the Chief of Planning Design and Construction and Director of Engineering, Design and Development. Review services are available on a full cost recovery basis. The applicable hourly rates are listed on pages 3–5 of the Book of Fees.

<https://www.yourcsd.com/DocumentCenter/View/21976/2021-Cosumnes-CSD-Book-of-Fees-PDF>

All other entitlement fees will be charged on an hourly basis with a minimum of 2 hours.

Entitlement Review Single-Family Tentative Subdivision Map (*Rezone/GPA/EIR/ Parcel Map/Special/General/Special Plan Amendment review of parks/ trails/landscape corridors*)

A) ___ 1-100 lots (\$620 - 5 Hour Minimum) - Full Cost Recovery

B) ___ Over 100 lots (\$1,240 - 10 Hour Minimum) - Full Cost recovery

Entitlement Review Multi-Family Development review (*Rezone/ General/Special Plan Amendment/Design Review for park, trail and landscape related issues*)

A) ___ 1-100 lots (\$248 - 2 Hour Minimum) - Full Cost recovery

B) ___ Over 100 lots (\$496 - 4 Hour Minimum) -Full Cost Recovery

Staff Only

Plan Check

Date Plans Accepted _____ **By:** _____

Due Date _____

Fee Amount \$ _____ **Rec. #** _____

Plan check by: _____

Completed on: _____

Applicant contact at completion (Date/Time)

1. ___/___/___ 2. ___/___/___ 3. ___/___/___

Notes _____

Internal Use Only: Date Received: _____ *Received By:* _____