City of Malibu

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PLAN COMPARISON SUBMITTAL

PLANNER:_____ **DATE:**_____

PROJECT ADDRESS:_____

PROJECT DESCRIPTION:_____

PROJECT NUMBER:_____

APPLICANT NAME:_____

APPLICANT PHONE #:_____

APPLICANT EMAIL:_____

STAMP REQUESTED:	**GREEN STAMP** *(Conceptual Planning Approval)*		**RED STAMP *** *(Final Planning Approval)*	
NOTICE OF DECISION, SIGNED AFFIDAVIT, AND DEPARTMENT REVIEW SHEETS	YES ❑	NO ❑	YES ❑	NO ❑
GRADING VERIFICATION WORKSHEET (*IF MODIFIED)*	YES ❑	NO ❑	YES ❑	NO ❑
GRADING VERIFICATION WORKSHEET (COPIED ONTO GRADING COVER SHEET)	YES ❑	NO ❑	YES ❑	NO ❑
VERIFIED FIRE DEPT REVIEW / STAMP	YES ❑	NO ❑	YES ❑	NO ❑

❑ **No Fee** ❑ **CDP FINAL PLANNING REVIEW $541**

CREDIT CARD FEE (3.9% or 2.9% + $0.30 online):

_____ TOTAL FEES: _____

PAYMENT METHOD:
□ CASH □ CREDIT CARD-AUTH. CODE: _____ □ CHECK #: _____

RECEIVED BY: _____

ITEMS FOR RED STAMP:
-TWO ORIGINAL STAMPED SETS WITH ALL DEPARTMENT STAMPS AND ONE COPY FOR PLANNING FILE

-* FEE FOR FINAL RED STAMP APPLICATIONS ONLY AND "PRIOR TO PERMIT" ALL CONDITIONS MUST BE SATISFIED (E.G., DEED RESTRICTIONS RECORDED, ETC.).