



County of San Diego, Planning & Development Services
DISCRETIONARY PERMIT APPLICATION
ZONING DIVISION

RECORD ID(S): PDS 2025-AD-25-002

	Planning	LD Review Teams	DEH	Trails Review	Other
FEES	_____ +	_____ +	_____ +	_____ +	_____
DEPOSITS	_____ +	_____ +	_____ +	_____ +	_____

TOTAL FEES AND INITIAL DEPOSIT: \$ _____

The submitted Initial Deposit is estimated to cover **only** the initial project review (Scoping). Additional monies will be required. A project-specific cost estimate will be provided at the conclusion of Scoping, along with a letter detailing any project issues, revisions, and studies as deemed necessary for compliance with State and County codes and ordinances.

Have you had a pre-application conference? YES NO If yes, Planner's Name _____

Is this project the subject of a code violation? YES NO If yes, provide a copy of the Warning/Citation/Violation Notice.

Are there any related, open applications such as DEH permits, Grading permits, etc? YES NO

If yes, list permits: _____

Is there an existing Trust Account on any of the open records related to this proposed project? YES NO

Are there any prior related cases such as a specific plan? If yes, list Case Number(s) _____

The Financially Responsible Party is responsible for all costs related to this application (See form PDS-126).

Assessor's Parcel No. (APN) 106-311-02-00

Owner's Name Martin Havre Owner's Phone (760)224-3226

Owner's Address 1773 Winter Haven Fallbrook CA 92028
Number Street City State Zip

Owner's email m.havre@earthlink.net Owner's Fax _____

Applicant's Name Same as owner Applicant's Phone _____
(If different from owner)

Applicant's Address 1773 Winter Haven Fallbrook CA 92028
Number Street City State Zip

Applicant's email _____ Applicant's Fax _____

Engineer's Name None Engineer's Phone _____

Engineer's Address _____
Number Street City State Zip

Engineer's email _____ Engineer's Fax _____

Project Contact Person owner Phone _____

Address _____
Number Street City State Zip

Project Contact's email _____ Project Contact's Fax _____

Project Name _____

Project Address & Nearest Cross Street _____

I declare under penalty of perjury under the laws of the State of California that the statements made as part of this application are true and correct. I hereby agree to provide the indemnification as required by Chapter 2 of Division 6 of Title 8 of the San Diego County Code.

***REQUIRED: an Authorized Agent signing below must attach a signed Letter of Authorization.**

--- OFFICIAL USE ONLY ---

SDC PDS RCVD 02-06-25
AD25-002

Martin Havre
 Signature of Owner or ***Authorized Agent**

MARTIN HAVRE 11/30/24
 Print Signator's Name Date



FOR DEPARTMENT USE ONLY

Existing Proposed

General Plan Designation _____

Regional Category _____

<p>For Administrative Permits and Use Permits</p> <p>Describe use:</p> <p>_____</p> <p>_____</p>

ZONE		
USE REGULATIONS	A70	
ANIMAL REGULATIONS	L	
DEVELOPMENT REGULATIONS	Density	-
	Lot Size	1AC
	Building Type	C
	Maximum Floor Area	-
	Floor Area Ratio	-
	Height	G
	Lot Coverage	-
	Setback	C
Open Space	-	
SPECIAL AREA REGULATIONS	C	

Thomas Guide (Page/Grid) _____

Tax Rate Area _____

Total Acres _____ No. of lots _____

Planning Group _____

Community Plan _____

Supervisor District _____

Within: Rural Village Boundaries? YES NO Village Boundaries? YES NO Special Study Area? YES NO

Project is within a Specific Plan? YES NO If yes, name of Specific Plan _____

Related Records/Permits? YES NO If yes, list _____

Project is subject to the County Groundwater Ordinance? YES NO FP-2 YES NO

Project is within 1/2 mile of a Regional Park? YES NO

Project is within 1 mile of a Highway? YES NO

Project is within 1 mile of a City? YES NO If yes, name of City _____

Project is proposed for Septic? YES NO

Project is proposed for Sewer? YES NO

Project is a Violation Case? YES NO

Military Notice is required? YES NO

Project is within 150' of the International Border? YES NO

If yes, notify the Department of Homeland Security. See Board of Supervisor's Policy I-111.

If the subject parcel was created through a PM or B/C, have you verified that all Covenants of Improvement have been satisfied? YES NO **IF NO, DO NOT ACCEPT THE APPLICATION.**

Is there a different owner of mineral rights than the owner of real property? YES NO

If yes, identify name and address: _____

FOR PLANNER ASSIGNMENT - PLEASE CALL (858) 694-3292

Technician Initials: jm Date: 2/1/25 Technician's comments: _____