



Cul-De-Sac Waiver

A. How To File.

Please submit the application package with payment to the Planning Division at the Planning public counter, located at:

Corona City Hall
Planning & Development Department
400 S. Vicentia Avenue, Suite 120
Corona, CA 92882

B. Items Required For Filing.

The following items shall be included in the application package:

- 1. Completed Application Form (attached).
- 2. Processing fees of:
 - a. **\$867.00** – Staff Review Fee.
 - b. **\$67.00** – Scanning Fee.
 - c. **\$51.14** – County recordation fee for filing CEQA documents.
- 3. Environmental Review fees (to be determined by the Planning Division):
 - a. **Full Cost (Deposit Required)** – Peer Review of a Negative Declaration, Mitigated Negative Declaration, or Environmental Impact Report, including peer review of related technical studies as part of the Initial Study process. (Notice: The deposit amount will be determined by the Planning Division staff. Certain technical studies require a separate review deposit.)
 - b. **\$336.00** – Preparation of a Notice of Exemption (applicable to Projects that are exempt from CEQA).
 - c. **\$3,043.75** – CDFW CEQA Filing Fee for a Negative Declaration or Mitigated Negative Declaration.
 - d. **\$4,227.50** – CDFW CEQA Filing Fee for an EIR.
(Notice: The CDFW CEQA filing fees are set by the California Department of Fish and Wildlife and are subject to change annually. The applicant shall pay the fee that is in effect at the time the City files this fee with the county.)
- 4. Ten (10) copies of the Tentative Tract Map or Parcel Map showing the requested cul-de-sac waivers. All plans shall be 11"x17" and folded in half.
- 5. A letter signed and dated by the applicant addressing the scope of the project and purpose of the waiver.
- 6. Submit (1) USB flash drive containing the items required for filing this application in PDF format.

C. Notice To Applicants:

1. This application is acted on by the Board of Zoning Adjustment per Corona Municipal Code Chapter 17.98.
2. It is recommended that the applicant or his/her representative be present at all hearings.
3. All correspondence and reports will be mailed or emailed to the applicant as listed on the application form only.



B. Attachments:

1. CMC Section 17.98.070 (Cul-de-sac waivers)
2. Application Form

Revised: 1/2026



CMC Section 17.98.070

Cul-de-sac Waivers

(A) The Board shall hear and decide applications for modifications to the design standards of § 16.08.020, cul-de-sacs. The following findings must be made by the Board before any waiver can be granted:

(1) That the strict application of the particular requirement would result in practical difficulties or unnecessary hardship to the subdivider inconsistent with the general purpose and intent of Title 16;

(2) That there are exceptional circumstances or conditions applicable to the subject property or to its intended use or development which made the application of the cul-de-sac requirement unfair and oppressive to the subdivider;

(3) That the granting of a waiver of such cul-de-sac requirement would not be materially detrimental to the public health, safety and welfare, nor injurious to the property or improvements thereon in the immediate vicinity of the subject property to be subdivided; and

(4) That the granting of the waiver will not be contrary to the intent of Chapter 16 as set forth in § 16.32.010.

(B) Any practical difficulty, unnecessary hardship or exceptional circumstance or condition found by the Board to exist shall be set forth as part of the Board's affirmative findings. The Board may condition the project so as to mitigate any safety concerns. This mitigation may include, but not be limited to, density reductions or requirements for fire sprinklers or burglar alarm systems for units on the proposed cul-de-sac.



PLANNING & DEVELOPMENT DEPARTMENT

PLANNING DIVISION MASTER APPLICATION FORM

1. General Project Description:

Project Location (General) _____

Project Address or APN: _____

General Description of Proposed Project: _____

2. Applicant Information:

Firm/Company Name: _____

Contact Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email: _____

Applicant's interest in property: Own Rent Other: _____

Staff Use Only	Date Stamp Received:
Counter Planner Initials:	
Case Number:	

<input type="checkbox"/> Agricultural Preserve Cancellation <input type="checkbox"/> Alcohol Beverage Permit <input type="checkbox"/> Amended Final Map <input type="checkbox"/> Ancillary Smoking Lounge Permit <input type="checkbox"/> Annexation <input type="checkbox"/> Architectural Review <input type="checkbox"/> Building Relocation <input type="checkbox"/> Certificate of Compliance <input type="checkbox"/> Change of Zone <input type="checkbox"/> Community Facilities Plan <input type="checkbox"/> Amendment <input type="checkbox"/> Conditional Use Permit: (select one) <input type="checkbox"/> Major CUP <input type="checkbox"/> Minor CUP <input type="checkbox"/> Major Modification to CUP <input type="checkbox"/> Minor Modification to CUP <input type="checkbox"/> Extension of Time for CUP Existing CUP Number: _____ <input type="checkbox"/> Cul-de-sac Waiver <input type="checkbox"/> Density Bonus Agreement <input type="checkbox"/> Development Agreement <input type="checkbox"/> General Plan Amendment <input type="checkbox"/> Low Barrier Navigation Center <input type="checkbox"/> Medical Office in a Residential Zone <input type="checkbox"/> Model Home Permit <input type="checkbox"/> Noise Variance	<input type="checkbox"/> Non-Conforming Building Uses <input type="checkbox"/> Parcel Map: (Select one) <input type="checkbox"/> New – PM <input type="checkbox"/> Resubmitted – PM <input type="checkbox"/> Waiver <input type="checkbox"/> Extension of Time – PM Existing Parcel Map Number: _____ <input type="checkbox"/> Parking Determination <input type="checkbox"/> Precise Plan Review: (Select one) <input type="checkbox"/> New <input type="checkbox"/> Major Modification to PP <input type="checkbox"/> Minor Modification to PP <input type="checkbox"/> Extension of Time for PP Existing Precise Plan Number: _____ <input type="checkbox"/> Similar Use Finding <input type="checkbox"/> Specific Plan: (select one) <input type="checkbox"/> New <input type="checkbox"/> Major Amendment <input type="checkbox"/> Minor Amendment <input type="checkbox"/> Sphere of Influence Amendment <input type="checkbox"/> Substantial Conformance <input type="checkbox"/> Surface Mine: (Select one) <input type="checkbox"/> Permit <input type="checkbox"/> Annual Inspection	<input type="checkbox"/> Telecommunications Facility: (select one) <input type="checkbox"/> Major Telecomm. Facility <input type="checkbox"/> Minor Telecomm. Facility <input type="checkbox"/> Zoning Administrator Facility <input type="checkbox"/> Small Cell Facility <input type="checkbox"/> Modification to existing Facility <input type="checkbox"/> Tentative Tract Map: (select one) <input type="checkbox"/> New – TTM <input type="checkbox"/> Rephasing – TTM <input type="checkbox"/> Resubmitted – TTM <input type="checkbox"/> Extension of Time – TTM Existing TTM Number: _____ <input type="checkbox"/> Variance: (Select one from below) <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Waiver or Modification of Subdivision Standards <input type="checkbox"/> Zoning Administrator Review <input type="checkbox"/> Other _____
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PLANNING & DEVELOPMENT DEPARTMENT

3. Owner Information (if different from above):

Owner Name: _____

Contact name: _____

Address/City/State/Zip Code: _____

Phone Number: _____ Email: _____

4. Architect Information:

Architecture Firm: _____

Contact Name: _____

Address/City/State/Zip Code: _____

Phone Number: _____ Email: _____

5. Engineer Information:

Engineering Firm: _____

Contact Name: _____

Address/City/State/Zip Code: _____

Phone Number: _____ Email: _____

6. Subject Property Information (all types):

Assessor's Parcel #: _____ Total Acreage: _____

General Plan Designation: _____ Zone Designation: _____

Specific Plan Designation (if applicable): _____

Master Planned Community/Development Agreement (if applicable):

WQMP Required? Yes No Annex into CFD or LMD? Yes No

Current Land Use: _____ Proposed Land Use: _____

Grading Requirements (CYD's): Cut: _____ Fill: _____ Overex: _____



PLANNING & DEVELOPMENT DEPARTMENT

7. Proposed Project

Type of use proposed: Residential Commercial Industrial Other: _____

8. Non-residential Project Summary

Gross floor area: _____ Proposed: _____ Existing: _____ Building Height: _____

Type of construction per California Building Code: _____

Occupancy: _____

Bldg	Bldg 1	Bldg 2	Bldg 3	Bldg 4	Bldg 5	Bldg 6	Bldg 7	Bldg 8	Bldg 9	Bldg 10
GFA										
FA										

GFA = Gross Floor Area FA = Footprint Area

students/children (if applicable): _____ Seating capacity (if applicable): _____

Fueling Stations (if applicable): _____

Landscape Coverage (% of Lot): _____ Building Coverage (% of Lot): _____ F.A.R.: _____

9. Residential Project

Name of Project: _____

Type of dwelling unit (SFR, MFR, etc): _____

<u>Dwelling Units:</u>	<u>Proposed</u>	<u>Existing</u>	Density (DU/acre): _____
1 Bedroom	_____	_____	Maximum building height: _____
2 Bedroom	_____	_____	Minimum lot size: _____
3 Bedroom	_____	_____	Average lot size: _____
4 or more Bedroom	_____	_____	Landscape Coverage (% of Lot): _____
Total	_____	_____	Building Coverage (% of Lot): _____

Open Space Description:

Private: _____ Common: _____ Other: _____

Total square footage of:

Common Open Space _____ Private Open Space _____

Affordable Housing Incentives, Waivers, Concessions and Parking Reductions – Will the project proponent seek Density Bonus incentives, waivers, concessions, or parking reductions pursuant to California Government Code Section 65915?

Yes

No



Residential Dwelling Unit Count: Please indicate the number of dwelling units proposed, including a breakdown of levels by affordability, set by each income category.

	Number of Units
Market Rate	
Managers Unit(s) – Market Rate	
Extremely Low Income	
Very Low Income	
Low Income	
Moderate Income	
Total No. of Units	
Total No. of Affordable Units	
Total No. of Density Bonus Units	

Existing Site Conditions – Provide the number of existing residential units on the project site that will be demolished and whether each existing unit is occupied or unoccupied. Provide attachment, if needed.

	Occupied Residential Units	Unoccupied Residential Units	Total Residential Units
Existing			
To Be Demolished			

10. Parking (all projects)

	# of Spaces Required By CMC § 17.76.030	Provided # of Spaces
Open Spaces:	_____	_____
Carports:	_____	_____
Garages:	_____	_____
Parking Structure Stalls:	_____	_____
Total:	_____	_____



11. Notice of Complete/Incomplete Applications

The approval of a development proposal requires the review of plans and technical documents. By signing below the applicant is acknowledging that a development application will be deemed incomplete if it does not include all required plans and technical documents, or includes plans and technical documents that are inaccurate or insufficient. By signing below the applicant also acknowledges that incomplete development applications will not be scheduled for public hearing until which time City staff has received and reviewed all required documents.

12. Authorization & Indemnification

To the fullest extent permitted by law, the applicant shall defend, indemnify and hold the City of Corona and its directors, officials, officers, employees, volunteers and agents free and harmless from any and all claims, demands, causes of action, proceedings, costs, expenses, liabilities, losses, damages or injuries of any kind, in law or equity, in any manner arising out of, pertaining to, or incident to any attack against or attempt to challenge, set aside, void or annul any approval, decision or other action of the City of Corona, whether such approval, decision or other action was by its City Council, Planning and Housing Commission or other board, director, official, officer, employee, volunteer or agent. To the extent that Government Code Section 66474.9 applies, the City will promptly notify the applicant of any claim, action or proceeding made known to the City to which Government Code Section 66474.9 applies and the City will fully cooperate in the defense. The Applicant's obligations hereunder shall include, without limitation, the payment of any and all damages, consultant and expert fees, and attorney's fees and other related costs and expenses. The City shall have the right to retain such legal counsel as the City deems necessary and appropriate. Nothing herein shall be construed to require City to defend any attack against or attempt to challenge, set aside, void or annul any such City approval, decision or other action. If at any time Applicant chooses not to defend (or continue to defend) any attack against or attempt to challenge, set aside, void or annul any such City approval, decision or other action, the City may choose, in its sole discretion, to defend or not defend any such action. In the event that the City decides not to defend or continue the defense, Applicant shall be obligated to reimburse City for any and all costs, fees, penalties or damages associated with dismissing the action or proceeding. If at any time both the Applicant and the City choose not to defend (or continue to defend) any action noted herein, all subject City approvals, decisions or other actions shall be null and void. The Applicant shall be required to enter into any reimbursement agreement deemed necessary by the City to effectuate the terms of this condition.

Print Applicant name: _____

Applicant Signature: _____ Date: _____

Print Property Owner name: _____

Property Owner Signature: _____ Date: _____

Notice to all applicants: Separate written authorization from property owner shall be submitted if this form is not signed by the property owner.